COUNTY BOROUGH OF SOUTH SHIELDS.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1925.

W. CAMPBELL LYONS,
M.B., Ch.B., D.P.H.

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CHAIRMEN OF COMMITTEES.

Health Committee—Alderman W. L. Robertson, J.P.
Hospital and Sanatorium Sub-Committee—Alderman W. L. Robertson, J.P.
Venereal Diseases Sub-Committee—Councillor Sutcliffe, L.D.S., J.P.
Slaughterhouses Sub-Committee—Alderman Richardson, M.B.E., J.P.
Maternity and Child Welfare Committee—Councillor Druery, J.P.
Education Committee—Alderman Richardson, M.B.E., J.P.
School Medical Service Sub-Committee—Councillor Evans.
Housing and Town Planning Committee—Alderman Dunlop.
Town Improvement Committee—Alderman Gibbon, M.B., M.R.C.S., J.P.

STAFF OF PUBLIC HEALTH DEPARTMENT.

Post or Appointment.	Name.	Qualifications.
* Medical Officer of Health, Chief Tuberculosis Officer, Principal School Medical Officer, Bacteriologist, etc.	William Nicoll .... (Resigned 31-3-25) W. Campbell Lyons (Commenced 1-7-25)	M.A., D.Sc., M.D., D.P.H. M.B., Ch.B., D.P.H.
Clinical Medical Officer, Venereal Diseases (Deputy M.O.H.)	J. G. Walker ..... (Resigned 31-8-25)	M.R.C.S., L.R.C.P. D.P.H.
Tuberculosis Officer, and Resident Medical Officer, Cleadon Park Sanatorium	E. T. D. Gaspey	M.D., M.R.C.S., L.R.C.P.
Assistant School Medical Officer	Bryce R. Nisbet	M.B., Ch.B.
Assistant Medical Officer, Maternity and Child Welfare and School Medical Services	Susan M. S. Jamieson	M.B., Ch.B., D.P.H.
Operating Surgeon, School Surgical Clinic †	R. Crosby‡	M.B., B.S., M.R.C.S.
Consultant Ophthalmologist ..	T. Gowans‡	M.B., Ch.B.
School Dental Surgeon	A. Fleming ..... (Commenced 5-1-25)	L.D.S.
Borough Analyst	J. T. Dunn‡.....	D.Sc., F.I.C.
Superintendent of Public Abattoir, and Inspector under the Food & Drugs Acts, etc.	M. J. Pollock	....

* Also Medical Officer to North East Durham Joint Smallpox Hospital Board

† Also Part-time and Temporary Medical Officer (V.D. Clinic), March to December, 1925.

‡ Part-time Officials, also in private practice.

Staff of Public Health Department.—*Continued.*

Post or Appointment.	Name.	Qualifications.
District Sanitary and Housing Inspectors, etc.	W. Clark	Certificate R.S.I.
	R. W. Weir	Do.
	R. Ayre	Do.
	W. Hill	Do.
Inspector under the Shops Acts	W. Smith	Do.
Inspector of Midwives	Mrs. M. W. Arthur	Hospital Trained and C.M.B. Certificate.
Health Visitors, etc.	Miss P. M. Winter	Hospital Trained.
	Miss A. Smyth	Hospital Trained and C.M.B. Certificate.
	Miss A. Rothwell	Do. do.
	Miss J. Pottinger (Resigned 15-8-1925)	Do. do. and R.S.I. Cert. (H.V.)
	Miss E. J. Smith	Hospital Trained and C.M.B. Certificate
	Miss M. Munro	Do. do.
	Miss R. Barrell	Do. do.
	Miss M. C. Taylor (Commenced 5-1-25)	Do. do.
	Miss R. Freeman (Commenced 20-8-25)	Do. do.
	Mrs. J. Leete	....
Chief Clerk	J. Yeoman	Certificate R.S.I.
Clerks	C. Hymers	Do.
	J. Hilton	Do.
	G. A. Campbell	....
	F. H. Day	Certificate R.S.I.
	H. Eardley	....
	Miss M. Shorey	....
	Miss G. C. Cooper	....
	Miss E. Treliving	....
	Miss E. Park	....
	Miss M. Anderson (Commenced 28-1-25)	....
Laborant	W. Combey	....
Matron, Deans Isolation Hospital	Miss H. Powell Evans	General and Fever Trained.
Sister-in-Charge, Cleadon Park Sanatorium	Miss L. Allison	Hospital Trained.
V.D. Clinic Nurse	Miss H. H. Coats	Hospital Trained and C.M.B. Certificate.
Tuberculosis Clinic Nurse	Mrs. N. F. Cordner	Do. do.

Contribution is made by Exchequer Grants, etc., towards the salaries of the above-mentioned members of the staff excepting the Public Analyst, the Shops Inspector, and the Matron of the Isolation Hospital.

CONTENTS.

SUMMARY OF GENERAL AND VITAL STATISTICS.

Area of Borough (including inland water but excluding foreshore and tidal water) ..		3,183 acres.
Population at 1921 census		118,599
Population, mid-year 1925, (Registrar General's estimate)		124,600
Density of Population per acre.....		39
No. of insured persons, 1st January, 1926		44,475
	Census 1921, (Old Borough).	Estimate 1925, (Extended Borough).
No. of buildings containing dwellings	14,005	15,350
No. of dwellings occupied by private families	24,355	25,750
No. of private families therein	26,054	27,250
Consolidated Rate, Rateable value 1925 (Re-valuation)		£625,300
Produce of a penny rate (Year 1924-25)		£1,920
Births during 1925 .. 2,976	Birth-rate ..	23.9
Deaths during 1925.. 1,770	Death rate ..	14.2
Infant mortality rate 114	Neo-natal mortality rate	49
Maternal mortality rate 4.7 per 1,000 births.		
Tuberculosis death-rate : Pulmonary	1.34	
Non-Pulmonary..	0.44	

To the Chairman and Members of the Health Committee.

Mr. Chairman and Gentlemen,

I have the honour to present to you my Annual Report for the year 1925, the 51st of the series. By the instruction of the Ministry of Health, the report is to be a " Survey Report " covering a period of five years. As the matters dealt with have consistently been fully set out in reports for each individual year, a certain amount of repetition is unavoidable. Since I did not take up my full-time duties until October, the greater part of the statistical matter is obtained from the records of my predecessor, Dr. Wm. Nicoll, and Dr. J. G. Walker, his deputy.

The birth-rate, which in 1925 was 23.9 births per 1,000 of the population, is the lowest ever recorded in the Borough (except for the year 1917) and the cause of the decrease appears to me to be a desire on the part of parents to limit the size of their families on account of the present depression in industry, and also perhaps to some extent to their sophistication in the matter of birth control.

The death-rate, which was 14.2 deaths per 1,000 of the population in 1925, is just below the average rate for the past five years, which was 14.3. There would appear to be a slight fall in the death-rate for the Borough, but it is still considerably higher than that for the country as a whole, and higher than the average for the other great towns. The principal causes of death in South Shields during the past five years have been Tuberculosis (12 per cent. of the total deaths), Bronchitis (9 per cent.), Pneumonia (8 per cent.), Heart diseases (9 per cent.), and Cancer (7 per cent.)

What is probably the most unsatisfactory part of the report is the increase in the infant mortality rate during 1925. Deaths of infants under one year had fallen during the last 50 years from an average of 164 deaths per 1,000 births to 94 in 1922 and 1923; in 1924 the rate rose to 102, and further in 1925 to 114. There are many factors contributing to the high death-rate among infants. These are more fully discussed under the section dealing with Maternity and Child Welfare, but the possibility of artificial interference with pregnancy must not be forgotten. It is known that such interference has been

practised, and the fact that so many infants die soon after birth and from debility, marasmus, and congenital conditions would seem to confirm this view. The fact that there were 76 births certified to be due to prematurity, and that three mothers lost their lives during or after abortion tends to further support this view.

With regard to tuberculosis : the death-rate for the pulmonary type of the disease which is 1.34 per 1,000, is higher than that for 1924, but slightly below the average for the preceding five years. The death-rate for the non-pulmonary type was .44 per 1,000 of the population, and is higher than the rate for any of the preceding five years. The number of notifications of pulmonary tuberculosis shows a substantial decrease, and is well below the average for 1921-1925, while the number of non-pulmonary cases notified has markedly increased, and is much above the average for the past five years. The reason for the fluctuation is difficult to determine, but it would appear that the increased number of houses available and consequent reduction in overcrowding, however slight, may have helped to reduce the amount of pulmonary tuberculosis, while the increasing use of more accurate methods, *e.g.*, x-rays, may have helped to some extent to establish a more correct diagnosis. On this premise, the increase in non-pulmonary cases would be more apparent than real.

The death-rate from cancer has remained practically stationary during the last five years. The figure was .99 per 1,000 of the population. The average death-rate since 1921 indicates that one in every 1,000 of the population died from one of the forms of cancer. Of the total deaths during the last five years cancer was responsible for 619 or 7 per cent., and 123, or 7 per cent. in 1925. Of all deaths of persons in South Shields over 35 years of age, one in every 9 is caused by cancer. If those, who, on reaching what is called the cancerous age, would seek advice immediately on the onset of any illness, or at first seeing any swelling, lump or ulcer, there is little doubt that many lives could be saved, or at least considerably prolonged. As in tuberculosis and some other diseases, early diagnosis in cancer is essential if a cure is to be effected.

Towards the end of the year smallpox made its appearance in the Borough, and by December 31st, 10 cases had been notified. This was not unexpected on account of the large percentage of the population which is unprotected by vaccination. The town had been practically free from smallpox during the past five years.

The subjoined table summarises the various statistics on which I have commented :—

	1921.	1922.	1923.	1924.	1925.
Birth-rate	29.6	26.6	25.3	24.3	23.9
Death-rate	15.2	13.8	13.8	14.5	14.2
Tuberculosis :					
Death-rate :					
Pulmonary	1.44	1.29	1.40	1.28	1.34
Non-pulmonary	0.36	0.39	0.43	0.34	0.44
Total	1.80	1.68	1.83	1.62	1.78
Notification rate :					
Pulmonary	2.39	2.31	1.82	2.17	1.94
Non-pulmonary	0.94	1.19	0.98	0.84	1.31
Total	3.33	3.50	2.80	3.01	3.25
Cancer death-rate	1.07	0.97	1.01	0.98	0.99
Infant Mortality Rate	96	94	94	102	114

The quinquennial period under review has been a time of real advance in the Borough, and many important improvements have been completed or are in progress.

The Borough boundaries were extended by the South Shields Corporation Act, 1921 ; 778 acres and 1,964 inhabitants were added, and the increase in the rateable value amounted to £11,222.

The new housing scheme, which was commenced in 1920, continued to progress, and by the end of 1925, 890 houses had been built, and 50 houses were in different stages of erection.

A new sewer was constructed to serve the housing estate, and another is being constructed to serve the Cauldwell area. A new outfall sewer was also made.

The new light railway to Cleadon, and numerous bus services are having the effect of opening up a large area to the south, with a consequent future reduction of the congestion in the Borough ; and the new road which is being constructed to Marsden will no doubt have a similar effect.

A new promenade along the sea front is in the course of construction, and will not only induce visitors to take advantage of our fine stretch of beach, but will probably be an inducement to many of the residents to avail themselves of the advantages of outings in the open.

An open-air sea-water bath with due safeguards against contamination has been provided, adding enormously to the attractions of the beach.

The opening of the Robert Readhead Park provides yet another " lung " for the town.

An Open-Air School for 100 children was opened in July, 1925. It is something of which the Authority has reason to be proud, and it will, I have no doubt, prove a veritable blessing to those children whose health might have been jeopardised by attending ordinary schools or who otherwise would have been kept at home in perhaps unsatisfactory surroundings.

A school to accommodate 40 myopic children was established in 1923. The details as to the success of the treatment will be found in the section dealing with the School Medical Service. The school dental service was remodelled in 1924. A full-time dentist was appointed to replace the two part-time dentists.

The establishment of the Sanatorium at Cleadon Park in 1921 is also to be regarded as an important step in the measures for the prevention and treatment of tuberculosis in the Borough, while the three Infant Welfare Centres opened in 1921 and 1925 also call for appreciative reference as contributing to the health of mothers and infants.

The conversion of the privy system of conservancy to the water carriage system was commenced in 1923, and at the end of 1925, 4,273 privies had been converted. New ash-bins were provided with each closet.

Many of these schemes were carried out by the unemployed with the help of grants from the Government, so that unemployment through industrial depression, disastrous as it has been, has benefitted the Borough to this extent.

I have again to draw attention to the serious state of overcrowding. It is not uncommon to find 6, 7, or 8 persons living in one room, or as many as 13 in two rooms, and it is to be hoped that the efforts to provide houses, most praiseworthy as they have been, will be continued until this serious state of affairs shall have been remedied.

Another matter which calls for comment is that no action has been taken with regard to the five unhealthy areas which were scheduled in 1919, beyond closing some of the worst houses. I know that this is not the time for calling for increased public expenditure, but since this matter so adversely affects the health of the community, it ought to receive consideration. The Mitre Street area is ripe for constructive action, since there is enough vacant land to allow of dehousing being carried out *pari passu* with the building of new houses.

I have great pleasure in placing on record my appreciation of the loyal co-operation of the members of my staff in what was a year's difficult work, and also for the consideration and interest of the members of the Council and various committees with which I have had the honour of being associated.

I am, Mr. Chairman and Gentlemen,

Yours faithfully,

W. CAMPBELL LYONS.

VITAL STATISTICS.

POPULATION.

The Registrar-General estimates the population of the Borough at June 30th, 1925, as 124,600.

The figure for 1924 was 126,600, but possibly this has been an over-estimate. The Registrar-General's figure of 124,600 is used for the calculation of the birth and mortality rates in this report.

During the past five years the population of the Borough has increased by 8,655—including 1,976 persons living in the area added by the South Shields Corporation Act, 1921.

BIRTHS.

Birth-rate.

There were 2,976 births during the year, after deducting 47 children who were born in the Borough, and whose parents were temporary residents only, and adding 26 children born to mothers domiciled in South Shields, but born outside the Borough.

The birth-rate is therefore 23.9 per 1,000 of the population. This shows a marked decrease during the last five years, the rate in 1920 being 34.2.

Except for the year 1917 the birth-rate for 1925 is the lowest ever recorded in South Shields.

The annual rates since 1871 are shown on page 29.

The number of births reported to the Health Department under the Notification of Births Acts is referred to on page 59.

Distribution (Sexes : Legitimacy).

The distribution of the births with regard to sex and legitimacy is shown in the following table :—

Births.	Males.	Females.	Total.
Legitimate	1,441	1,411	2,852
Illegitimate	60	64	124
Total	1,501	1,475	2,976

The proportion of male to female births was 1,018 to 1,000.

The percentage of illegitimate births was 4.2 per cent.

The total number of births in each of the Wards of the town is given on page 70.

Comparison of Birth-rate with Rates for Country generally.

	Per 1,000 population.
England and Wales	18.3
105 County Boroughs and Great Towns	18.8
157 Smaller Towns	18.3
London	18.0
South Shields	23.9

The birth-rate in South Shields has always been comparatively high, but the decrease has been greater during the last five years than the rate for the country generally.

DEATHS.

Death-rate.

1,770 deaths occurred during the year, after making allowance for transferable deaths referred to on page 14, the death-rate being 14.2 per 1,000 of the population. The rate for 1924 was 14.5.

The rate for England and Wales was 12.2 ; for the 105 Great Towns, 12.2 ; for the 157 Smaller Towns, 11.2 ; and for London, 11.7.

The South Shields death-rates since 1871 are given in the table on page 29.

Causes of Death.

The following table shows the principal causes of the deaths occurring in South Shields during 1925 :—

Tuberculosis	222
Pneumonia	163
Bronchitis	165
Influenza	50
Cancer	123

Heart diseases	158
Diarrhoeal diseases	45
Violence and accidents	65
Nephritis and Bright's disease	30
Measles	35
Whooping cough	49
Prematurity, malformations, debility, etc., (children under 1 year)	117

It is humiliating to think that after all the measures taken to combat the scourge of tuberculosis, the deaths from that cause still amount to one-eighth of the total deaths in the Borough. The average death-rate from tuberculosis during the past five years was 1.74.

It will be seen that diseases of the lungs (other than tuberculosis) caused 328 deaths while the number of people who died from cancer was 123, a death rate of .99, representing a slight decrease on the average of the past five years.

Age at Death.

The table below gives the ages at death, and it will be noted that the largest number of deaths occur at the extremes of life, viz., under 5 years and over 45 years.

	No.	Percentage of total deaths.
Under 1 year	340	19
1 to 5 years	213	12
5 to 15 years	84	5
15 to 25 years	113	6
25 to 35 years	92	5
35 to 45 years	115	6
45 to 60 years	260	15
Over 60 years	553	31

Sex-Distribution of Deaths.

Of the total deaths, 963 were males and 807 were females, a proportion of 1,192 males to 1,000 females.

Seasonal Death-rate.

The following table gives the deaths and death-rates for each quarter of the years 1924 and 1925.

	No. of Deaths.		Death-rate.	
	1924.	1925.	1924.	1925.
First Quarter	*688	†522	21.7	16.8
Second Quarter ..	362	498	11.4	16.0
Third Quarter	375	342	11.8	11.0
Fourth Quarter ..	406	408	12.8	13.1

* 294 of these deaths were due to influenza, pneumonia and bronchitis.

† 133 „ „ „ „ „ „

The death-rate in the second quarter of the year was almost as heavy as in the first.

Transferable Deaths.

56 deaths occurred among South Shields residents outside the Borough. These are included in the total number of deaths.

153 deaths occurred within the Borough—principally in Harton Hospital—among persons belonging to other districts. These have been transferred to the districts concerned, and are not included in the total number of deaths in South Shields.

Deaths in Public Institutions.

The number of deaths of South Shields residents which occurred in public institutions during the year is as follows :—

In the South Shields Union Poor Law Institution	209
In the Ingham Infirmary,South Shields	72
In the Deans Hospital, South Shields	17
In Cleadon Park Sanatorium, South Shields	4
In Institutions outside the Borough.....	33

This makes a total of 335 deaths during the year, that is 19 per cent. of the total deaths.

Coroners' Inquests.

86 deaths among residents of South Shields were the subject of inquests by Coroners. Accidents, injuries, and other forms of violence accounted for 65 of such deaths. Further details are given in Table 1, page 25.

There were thus more inquests than usual during the year and fewer uncertified deaths, but yet the percentage of inquests to the total deaths is less than the average for the country generally. That for England and Wales amounts to 6.9 per cent., for County Boroughs 7.3 per cent., and for London 8.9 per cent.

Uncertified Deaths.

51 deaths (2.9 per cent. of the total deaths) were not certified by medical practitioners or by the Coroner. Of this number 9 were infants under one year old ; and 5 were children aged one to five years.

The percentage of uncertified deaths throughout the country was as under :—

England and Wales	1.0 per cent.
105 County Boroughs and Great Towns	0.6 ,,
157 Smaller Towns	1.1 ,,
London	0.0 ,,

All these deaths or practically all, are referred to the Coroner, who decides whether an inquest is necessary.

Deaths from Principal Epidemic Diseases.

The seven " principal epidemic diseases " caused 134 deaths, as follows :—

Whooping cough	49
Measles	35
Diarrhoea and enteritis (under two years)	32
Scarlet fever	12
Diphtheria	6
" Fever " (enteric, typhus, and simple continued fever)	0
Smallpox	0

There has been a great increase in the number of deaths from measles and whooping cough as compared with 1924, a slight increase in those due to scarlet fever, and a reduction in those caused by diphtheria and enteritis. The death-rate from these causes amounts to 1.08 per 1,000 of the population, as compared with 0.69 for 1924.

Comparison of South Shields Death-Rates with those of the Country generally.

The following table shows the provisional annual death-rates in England and Wales for 1925 :—

	Death-rate per 1,000 Population							Deaths per 1,000 Births.	
	All Causes.	Enteric Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Diarrhoea and Enteritis (under 2 years).	Infant Mortality Rate
England and Wales	12.2	0.01	0.00	0.13	0.03	0.15	0.07	8.4	75
105 County Boroughs and Great Towns	12.2	0.01	0.00	0.17	0.03	0.18	0.09	10.8	79
157 Smaller Towns	11.2	0.01	0.00	0.15	0.02	0.14	0.06	7.6	74
London	11.7	0.01	0.00	0.08	0.02	0.19	0.11	10.6	67
South Shields	14.2	..	..	0.28	0.10	0.39	0.05	10.8	114

From this table it will be seen that, in comparison with the country generally, the general death-rate is higher in South Shields as are also the rates from measles, scarlet fever, and whooping cough. That for diphtheria is low in comparison, but there has always been a comparatively low death-rate from this disease in the Borough. The infant mortality rate is again high, and was higher during 1925 than it has been since 1920, when it amounted to 121 deaths among infants under one year per 1,000 births. For the years 1921, 1922, 1923, and 1924 the infant mortality rate was 96, 94, 94, and 102 respectively. The continued high mortality among infants is one of the worst features in this report. No less than 117 deaths were due to prematurity, malformation, and debility, and one cannot help wondering whether some of these deaths might not be caused through some attempts at interference with the normal course of pregnancy. That some such interference has taken place cannot be denied, but obviously it is impossible to ascertain to what extent it is practised. On the other hand bad social conditions, overcrowding, and want of knowledge have a great deal to do with the cause of a high mortality among infants, and it will be necessary that efforts to improve the social conditions

of the people be made, especially in the direction of providing better housing facilities, together with the schemes for maternity and child welfare, before it is possible to reduce this exceedingly high mortality.

I think it is necessary to stress this point, since the infant mortality rate is probably a more accurate indication as to the health of a community than is the general death-rate itself.

Poor Law Relief and Hospital Service.

I am indebted to Mr. J. W. Coulson, Clerk to the Guardians, for the following figures showing the amount of relief distributed among South Shields residents during the last five years.

Year ended 31st March.	Ordinary Relief.	Emergency Relief (Unemployed).	No. of Admissions to Harton Hospital from County Borough.
	£ s. d.	£ s. d.	
1921	20,551 6 10	Nil.	679
1922	29,346 2 2	93,583 16 0	695
1923	29,992 10 10	54,526 9 10	772
1924	30,070 7 7	23,633 10 6	887
1925	28,080 16 0	10,351 0 8	873

I am also indebted to Mr. John Potter, Secretary to the Ingham Infirmary (voluntary hospital) for the following figures as an indication of the extent to which gratuitous medical relief (as apart from Poor Law) is utilized in the Borough. There are no other institutions for voluntary medical relief, but a number of South Shields residents are treated at hospitals in Newcastle and Sunderland. It will be noted that as the depression in industry became greater during the last five years, the number of persons availing themselves of voluntary medical services has increased.

	In-patients Admitted.	No. of Attendances at Out-patient Departments.
1921	953	29,267
1922	1,030	35,543
1923	1,173	39,279
1924	1,316	39,328
1925	1,308	42,890

TABLE 1.—CAUSES OF DEATH, during 1925, of Persons belonging to the County Borough of South Shields, classified in accordance with the Registrar-General's Manual of the International List of 1911, as adapted for use in England and Wales.

(This list has been abridged by omitting headings against which no deaths have been recorded during the year.)

Causes of Death.	M.	F.	All Ages.	Ages at Death.																				
				0-3 Months	3-6 Months.	6-12 Months.	Total under 1 year.	1-	2-	3-	4-	Total under 5 years.	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85 and upwards.	55 to 60
I.—GENERAL DISEASES.																								
4. Malaria	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	
6. Measles	21	14	35	..	..	5	5	11	6	6	3	31	4	..	..	..	..	..	..	..	..	..	..	..
7. Scarlet fever	5	7	12	..	..	..	..	1	..	2	2	5	3	2	1	1	..	..	..	..	..	..	..	..
8. Whooping cough	23	26	49	1	8	14	23	12	7	2	3	47	2	..	..	..	..	..	..	..	..	..	..	..
9. A. Diphtheria	3	3	6	..	..	..	..	..	..	1	3	4	2	..	..	..	..	..	..	..	..	..	..	..
10. Influenza	31	19	50	..	1	1	2	1	1	..	..	4	2	..	5	3	4	5	7	6	11	3	..	5
14. Dysentery	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
18. Erysipelas	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
20. A. Pyæmia	2	..	2	1	..	..	1	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..
B. Septicæmia	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
24. Tetanus	3	1	4	..	..	..	..	..	..	..	..	..	..	2	1	..	1	..	..	..	..	..	..	..
28. A. Pulmonary tuberculosis (not acute)	70	53	123	..	..	..	..	4	1	2	..	7	4	5	8	23	30	22	15	9	..	..	..	6
B. Phthisis (not defined as tuberculous nor acute)	21	12	33	..	..	..	..	..	..	..	2	2	1	2	4	4	7	4	7	2	..	..	..	1
29. A. Acute phthisis	3	4	7	..	..	..	..	..	..	..	..	..	1	..	2	2	1	..	1	..	..	..	..	..
B. Acute miliary tuberculosis	4	..	4	..	..	..	..	1	1	..	..	2	..	1	1	..	..	..	..	..	..	..	..	..
30. Tuberculous meningitis	6	6	12	..	..	1	1	3	1	..	..	5	3	4	..	..	..	..	..	..	..	..	..	..
31. A. Tabes mesenterica	3	5	8	..	1	1	2	..	3	..	1	6	..	1	..	..	1	..	..	..	..	..	..	..
B. Other peritoneal and intestinal tubercle	4	4	8	..	..	..	..	2	..	..	..	2	..	2	1	1	1	1	..	..	..	..	..	..
32. Tuberculosis of spinal column	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..

33. Tuberculosis of joints	1	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
34. Tuberculosis of other organs :—																										
C. Other tuberculosis	1	1	2	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..
35. Disseminated tuberculosis	15	8	23	1	..	2	3	2	1	..	..	6	4	2	5	3	2	1	..	..	..	..	..	..	..	..
36. A. Rickets	1	1	2	..	..	..	..	2	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..
B. Other forms of bone softening	1	..	1	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
37. Syphilis	3	3	6	3	..	..	3	1	..	..	..	4	..	..	..	..	..	..	1	1	..	..	..	1		
39. Cancer of the buccal cavity	12	..	12	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	4	3	2	..	2		
40. ,, stomach, liver, etc.	18	20	38	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	12	14	8	3	..	7		
41. ,, peritoneum, intestines and rectum	11	10	21	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	5	7	5	2	..	4		
42. ,, female genital organs	..	16	16	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	7	3	1	..	..	2		
43. ,, breast	..	9	9	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	..	4	2	..	..		
44. ,, skin	1	3	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	2	..	1		
45. ,, other or unspecified organs	16	7	23	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	7	7	5	2	..	3		
47. Rheumatic fever	6	3	9	..	..	..	..	..	..	..	1	1	..	1	2	1	1	..	1	1	1	..	..	1		
48. A. Chronic rheumatism	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..		
B. Osteo-arthritis	..	5	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	3	1	..	..		
50. Diabetes	4	9	13	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	2	5	5	..	..	3		
51. Exophthalmic goitre	..	3	3	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	..	..	..	..	..		
52. Addison's disease	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..		
53. A. Leucocythæmia	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..		
54. Anæmia, chlorosis	4	4	8	..	..	..	..	..	..	..	..	..	..	..	..	1	..	3	2	1	1	..	..	1		
II.—DISEASES OF THE NERVOUS SYSTEM AND OF THE ORGANS OF SPECIAL SENSE.																										
60. Encephalitis	2	2	4	..	..	..	..	..	..	..	..	..	1	1	1	..	..	1	..	..	..	..	..	..		
61. B. Posterior basal meningitis	..	1	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..		
C. Meningitis, other forms	11	6	17	..	2	3	5	1	2	3	..	11	1	2	1	1	1	..	..	..	..	..	..	..		
62. Locomotor ataxy	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1		
63. Other diseases of the spinal cord	1	5	6	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	1	1	2	..	..	1		
64. A. Apoplexy	14	12	26	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	4	11	6	..	1		
B. Serous apoplexy and œdema of brain	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..		

TABLE 1.—CONTINUED.

CAUSES OF DEATH.	M.	F.	All Ages.	AGES AT DEATH.																					55 to 60
				0-3 Months.	3-6 Months.	6-12 Months.	Total under 1 year.	1-	2-	3-	4-	Total under 5 years.	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85 and upwards.	
64. C. Cerebral congestion	..	1	1	..	1	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
E. Cerebral hæmorrhage	28	35	63	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	7	13	24	14	..	5
65. Softening of brain	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..
66. Paralysis without specified cause :																								
A. Hemiplegia	4	1	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	4	..	..
B. Paraplegia	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
67. General paralysis of the insane	6	4	10	..	..	..	..	..	..	..	..	..	..	..	..	..	1	3	4	2	..	..	..	1
69. Epilepsy	7	3	10	..	..	..	..	..	1	..	..	1	..	1	2	1	..	1	2	2	..	..	..	1
71. Infantile convulsions (under 5 years) :—																								
A. Convulsions with teething	3	2	5	..	..	3	3	2	..	..	..	5	..	..	..	..	..	..	..	..	..	..	..	..
B. Other infantile convulsions	16	10	26	12	6	4	22	2	2	..	..	26	..	..	..	..	..	..	..	..	..	..	..	..
72. Chorea	..	1	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
74. A. Idiocy, imbecility	1	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
B. Cretinism	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
C. Cerebral tumour	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..
D. Other diseases of the nervous system	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
75. Diseases of the eyes and annexa	..	1	1	..	1	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
76. A. Mastoid disease	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
B. Other diseases of the ear	1	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
III.—DISEASES OF THE CIRCULATORY SYSTEM.																								
78. B. Infective endocarditis	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
C. Other acute endocarditis	6	2	8	..	..	..	..	..	..	..	..	..	1	..	1	..	2	1	2	1	..	..	..	1

79. A. Valvular disease	48	46	94	..	..	..	..	..	..	1	..	1	..	..	2	3	1	7	15	18	30	15	2	8
B. Fatty degeneration of heart	2	3	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	3	..	..	..	1
C. Other organic disease of heart	22	24	46	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	6	16	18	5	..	3
80. Angina pectoris	1	3	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	1	..	..
81. A. Aneurysm	5	..	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	2	..	..	..	..
B. Arterial sclerosis	30	14	44	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	7	21	12	2	4
82. A. Cerebral embolism & thrombosis	1	4	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	1	..
B. Other embolism & thrombosis	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
83. Diseases of the veins :—A. Phlebitis	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
IV.—DISEASES OF THE RESPIRATORY SYSTEM.																								
87. A. Laryngismus stridulus	1	..	1	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
B. Laryngitis	..	1	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
88. Diseases of the thyroid body	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
89 & 90. A. Bronchiectasis, bronchial catarrh, etc.	1	2	3	1	..	..	1	..	..	..	..	1	1	..	1	..	..	..	..	..	..	..	..	..
B. Other bronchitis	91	71	162	15	13	21	49	19	7	1	2	78	1	..	..	1	2	4	3	10	37	24	2	3
91. Broncho-pneumonia	56	44	100	10	9	22	41	26	9	5	3	84	6	1	..	..	..	1	2	2	3	1	..	1
92. A. Lobar pneumonia	16	13	29	..	..	..	..	..	..	..	..	..	..	..	..	1	5	7	3	6	6	1	..	1
B. Pneumonia (type not stated)	20	14	34	1	..	5	6	8	4	1	1	20	4	2	1	..	..	4	2	..	..	1	..	..
93. B. Other pleurisy	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
94. B. Pulmonary œdema & congestion	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
96. Asthma	2	2	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	1	..	..	..	1
97. Pulmonary emphysema	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
98. A. Fibroid disease of lung	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
V.—DISEASES OF THE DIGESTIVE SYSTEM.																								
99. A. Diseases of the teeth and gums	..	1	1	1	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
102. Perforating ulcer of stomach	9	2	11	..	..	..	..	..	..	..	..	..	..	..	1	1	1	3	1	3	1	..	..	1
103. A. Inflammation of stomach	3	9	12	3	1	2	6	1	1	..	..	8	1	..	..	..	..	..	..	..	1	2	..	..
104 & 105. A. Infective enteritis	..	2	2	..	..	1	1	..	1	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..

TABLE 1.—Continued.

Causes of Death	M.	F.	All Ages.	Ages at Death.																				
				0-3 Months.	3-6 Months.	6-12 Months.	Total under 1 year.	1-	2-	3-	4-	Total under 5 years.	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85 and upwards.	55 to 60
104 & 105. B. Diarrhœa—(not returned as infective)	2	3	5	..	2	1	3	2	..	..	..	5	..	..	..	..	..	..	..	..	..	..	..	..
C. Enteritis—(not returned as infective)	11	3	14	2	3	1	6	4	1	1	..	12	..	..	..	..	..	1	..	..	1	..	..	..
D. Gastro-enteritis—(not returned as infective)	12	9	21	5	5	5	15	1	1	..	1	18	..	..	..	..	1	..	1	..	..	1	..	..
H. Duodenal ulcer	2	1	3	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	1	..	..	1
108. Appendicitis	3	3	6	..	..	..	..	..	..	..	..	..	1	..	2	..	1	2	..	..	..	..	..	..
109. A. Hernia	4	1	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	..	1	1	..	..
B. Intestinal obstruction	6	2	8	1	..	1	2	1	..	..	..	3	..	..	..	..	1	1	1	..	2	..	..	..
113. A. Cirrhosis of the liver (not returned as alcoholic)	3	1	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	1	..	..	2
B. Cirrhosis of the liver (returned as alcoholic)	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
115. Other diseases of the liver	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
116. B. Other diseases of the spleen	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
117. Peritonitis (cause unstated)	..	3	3	1	..	..	1	..	..	..	..	1	1	..	1	..	..	..	..	..	..	..	..	..
118. B. Other diseases of the digestive system	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
VI.—NON-VENEREAL DISEASES OF THE GENITO-URINARY SYSTEM AND ANNEXA.																								
119. Acute nephritis	3	4	7	..	..	1	1	..	1	..	..	2	..	..	..	..	1	2	2	..	..	..	..	..
120. A. Bright's disease	7	10	17	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	3	6	4	3	..	5

120. B. Nephritis (unqualified), 10 years and over, and Uræmia	3	3	6	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	2	1	..	1	..
122. D. Other diseases of the kidney and annexa	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
123. Calculi of the urinary passages	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
124. Diseases of the bladder	6	1	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	2	2	..	..
125. B. Other diseases of urethra, etc. ..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
126. Diseases of the prostate	6	..	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	2	..	..
130. B. Other diseases of the uterus	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
VII.—THE PUERPERAL STATE.																								
135. Puerperal hæmorrhage	..	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	..	..	..	..	..	..
137. Puerperal fever.....	..	6	6	..	..	..	..	..	..	..	..	..	..	..	..	1	1	4	..	..	..	..	..	..
138. C. Puerperal convulsions	..	4	4	..	..	..	..	..	..	..	..	..	..	..	..	1	2	..	1	..	..	..	..	..
139. B. Puerperal embolism & sudden death	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.																								
142. A. Senile gangrene	2	2	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	1	..
144. A. Phlegmon	4	..	4	1	..	..	1	..	..	..	..	1	..	..	..	..	..	1	1	1	..	..	..	1
145. C. Pemphigus	1	..	1	1	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
D. Other diseases of integumentary system	..	1	1	1	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
IX.—DISEASES OF THE BONES AND OF THE ORGANS OF LOCOMOTION.																								
146. Diseases of the bones	..	1	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..
147. Diseases of the joints	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..

TABLE 1.—Continued.

Causes of Death.	M.	F.	All Ages.	Ages at Death.																						
				0-3 Months.	3-6 Months.	6-12 Months.	Total under 1 year.	1-	2-	3-	4-	Total under 5 years.	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85 and upwards.	55 to 60
X.—MALFORMATION.																										
150. A. Congenital hydrocephalus	1	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..		
C. Congenital malformation of heart	4	2	6	3	1	..	4	2	..	..	..	6	..	..	..	..	..	..	..	..	..	..	..	..		
D. Other congenital malformations	3	4	7	6	..	..	6	..	..	..	..	6	..	..	..	..	..	1	..	..	..	..	..	..		
XI.—DISEASES OF EARLY INFANCY.																										
151. A. Premature birth	43	33	76	76	..	..	76	..	..	..	..	76	..	..	..	..	..	..	..	..	..	..	..	..		
B. Infantile atrophy, debility, and marasmus	15	15	30	29	1	..	30	..	..	..	..	30	..	..	..	..	..	..	..	..	..	..	..	..		
C. Icterus neonatorum	..	1	1	1	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..		
152. A. Diseases of umbilicus, etc.	1	..	1	1	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..		
B. Atelectasis	2	5	7	7	..	..	7	..	..	..	..	7	..	..	..	..	..	..	..	..	..	..	..	..		
C. Injuries at birth	1	2	3	3	..	..	3	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..		
153. Lack of care	1	..	1	1	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..		
XII.—OLD AGE.																										
154. B. Senile decay	41	47	88	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	27	45	14	..	

XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.																									
155. Suicide by poison	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	
157. „ hanging or strangulation	4	1	5	..	..	..	..	..	..	..	..	..	..	..	2	..	..	1	1	1	..	..	..	1	
158. „ drowning	1	1	2	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	
160. „ cutting or piercing instruments	3	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	..	..	1	
167. Burns (conflagration excepted)	4	4	8	..	..	1	1	2	..	..	..	3	..	..	..	..	..	2	1	..	1	1	..	..	
168. Absorption of deleterious gases (conflagration excepted)	..	2	2	2	..	..	2	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	
169. Accidental drowning	6	1	7	..	..	..	..	..	..	..	..	..	..	..	2	1	1	1	1	..	1	..	..	..	
172. Injury by fall	4	7	11	..	..	..	..	1	..	..	..	1	..	..	..	..	1	1	..	1	1	4	2	..	
173. „ in mines and quarries	9	..	9	..	..	..	..	..	..	..	..	..	..	1	3	2	2	..	1	..	..	..	..	..	
174. „ machines	2	..	2	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	
175. „ other crushing (vehicles, railways, landslides, etc.)	9	..	9	..	..	..	..	..	..	..	..	..	..	..	1	1	2	1	2	1	1	..	..	1	
177. Starvation	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	
180. Lightning	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	
185. Fractures (cause not specified)	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	
186. Other violence	3	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	1	..	..	..	
XIV.—ILL-DEFINED CAUSES.																									
188. A. Syncope (aged 1 year and under 70)	1	1	2	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	1	
189. A. Heart failure (aged 1 year and under 70)	7	2	9	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	4	2	2	..	..	1	
B. Atrophy, debility, marasmus (aged 1 year and under 70)	..	1	1	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	
TOTALS { Males	..	..	963	108	27	53	188	60	22	19	12	301	22	23	35	29	55	64	93	112	141	80	8	57	
TOTALS { Females	..	..	807	82	28	42	152	54	29	7	10	252	26	13	21	28	37	51	79	75	120	88	17	31	

TABLE 2.—DEATHS DURING 1925 : SEASONAL AND WARD DISTRIBUTION.

CAUSES OF DEATH.	Total.	YEAR, 1925.				WARDS.														
		First Quarter.	Second Quarter.	Third Quarter.	Fourth Quarter.	Shields.	Beacon.	St. Hilda.	Hadrian.	Holborn.	Laygate.	Victoria.	Bents.	Rekendyke.	Westoe.	Deans.	Tyne Dock.	Simonside.	West Park.	Harton.	Unknown. *
All Causes { Certified	1719	503	487	335	394	140	93	98	129	135	148	138	79	131	105	142	148	96	91	37	9
All Causes { Uncertified	51	19	11	7	14	7	2	3	4	3	3	4	4	6	2	3	4	2	2	2	...
Enteric fever	...	...	...	...	...	...	...	..	...	...	...	...	...	...	..	...	...	...	...	...	...
Smallpox	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	35	4	17	9	5	11	2	1	2	1	3	5	...	2	2	2	1	2	...	1	...
Scarlet fever	12	8	1	1	2	...	...	1	1	...	2	1	...	1	3	1	...	1	...	1	..
Whooping cough	49	24	21	3	1	3	2	6	2	7	3	7	3	3	1	4	5	..	2	1	...
Diphtheria and croup	6	3	2	1	...	...	...	1	...	...	...	...	1	...	...	...	3	...	...	1	...
Influenza	50	23	12	6	9	3	1	3	5	3	2	5	3	...	2	2	7	7	6	...	1
Erysipelas	1	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	..	...
Phthisis (pulmonary tuberculosis)	167	45	42	32	48	12	6	13	10	30	22	14	5	12	5	14	6	3	9	6	...
Tuberculous meningitis	12	4	4	2	2	1	...	...	...	2	1	...	...	3	...	3	1	1	...	...	...
Other tuberculous diseases	43	11	12	10	10	4	1	4	5	9	4	4	1	1	2	2	3	1	1	1	...
Cancer, malignant disease	123	34	26	31	32	10	7	7	16	5	8	4	7	13	8	9	8	7	7	5	2
Rheumatic fever	9	3	3	2	1	...	...	...	...	1	...	1	...	2	...	3	1	...	1	...	..
Meningitis	18	5	2	10	1	1	...	...	2	1	2	..	2	3	1	1	1	1	2	1	...
Organic heart disease	145	42	39	30	34	12	9	9	14	1	14	17	9	10	10	8	16	9	4	2	1
Bronchitis	165	54	55	22	34	16	16	3	9	11	15	14	10	10	6	19	15	9	7	3	2
Pneumonia (all forms)	163	56	47	22	38	9	7	13	8	16	17	10	7	25	6	17	8	10	6	4	..
Other diseases of respiratory organs	11	2	4	1	4	...	1	2	...	1	...	...	1	...	2	...	2	1	1	...	...
Diarrhœa and enteritis	45	11	10	15	9	6	1	4	3	3	3	3	2	4	2	3	5	5	1	...	...
Appendicitis and typhlitis	6	1	2	2	1	1	...	...	2	...	1	...	...	...	...	...	1	...	1	...	...
Cirrhosis of liver	5	2	...	1	2	2	...	...	...	...	1	...	...	...	...	...	1	...	1	...	...
Alcoholism	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nephritis and Bright's disease	30	6	15	2	7	...	1	...	4	2	3	4	2	1	4	2	6	...	1	...	..
Puerperal fever	6	2	1	2	1	1	...	...	...	1	1	...	...	...	1	2	...	...	...	...	...
Other accidents and diseases of pregnancy and parturition	8	2	3	2	1	1	...	...	1	1	..	1	...	...	1	1	1	1	..	...	...
Congenital debility and malformation, including premature birth	121	28	41	22	30	16	7	9	7	8	11	9	1	9	4	9	13	9	9	...	...
Violent deaths, excluding suicide	54	18	12	8	16	4	3	3	4	4	2	7	2	2	5	4	5	1	6	1	1
Suicide	11	2	3	3	3	3	1	...	...	...	...	...	...	2	1	3	1	...	...	...	...
Other defined diseases	463	127	121	100	115	30	29	21	38	30	36	34	26	33	41	35	41	28	27	12	2
Diseases ill-defined or unknown	12	4	3	3	2	1	1	1	...	...	...	2	1	1	...	1	1	2	1	...	...
Total	1770	522	498	342	408	147	95	101	133	138	151	142	83	137	107	145	152	98	93	39	9

* Deaths in Ingham Infirmary and Union Hospital of persons with no fixed abode.

TABLE 3.—DEATHS DURING 1925 IN INSTITUTIONS ; UNCERTIFIED DEATHS, etc.

CAUSES OF DEATH.	Deaths in Institutions in the Borough.		Deaths of South Shields residents in Institutions outside the Borough.*	Deaths Certified by Coroner.		Uncertified Deaths.		Transferable Deaths,	
	Residents	Non-Residents		Residents	Non-Residents.	Residents	Non-Residents.	Inward.	Outward.
Enteric fever	...	...	...	...	...	...	...	...	...
Smallpox	...	...	...	...	...	...	...	...	...
Measles	...	1	1	...	...	...	...	1	1
Scarlet fever	7	...	1	...	...	...	...	1	...
Whooping cough	1	...	...	...	...	...	...	1	...
Diphtheria and croup	2	...	...	...	...	...	...	...	...
Influenza	4	3	1	...	...	1	...	1	3
Erysipelas	1	...	...	...	...	...	...	...	...
Phthisis (pulmonary tuberculosis)	40	18	1	2	1	2	...	2	18
Tuberculous meningitis	2	2	...	...	...	...	...	...	3
Other tuberculous diseases	16	9	...	1	...	1	...	...	9
Cancer, malignant disease	18	11	7	...	...	1	...	10	11
Rheumatic fever	...	1	...	...	...	...	...	...	1
Meningitis	2	...	...	...	...	...	...	1	...
Organic heart disease	16	10	4	2	...	5	...	5	11
Bronchitis	10	5	...	1	...	3	...	1	7
Pneumonia (all forms)	8	7	4	1	...	1	...	5	7
Other diseases of respiratory organs	...	...	...	...	1	...	...	...	1
Diarrhoea and enteritis	4	2	1	...	...	...	...	1	3
Appendicitis and typhlitis	3	...	...	...	...	...	...	...	...
Cirrhosis of liver	2	...	...	...	...	...	...	...	...
Alcoholism	...	1	...	...	1	...	...	...	1
Nephritis and Bright's disease	3	3	1	...	...	1	...	1	3
Puerperal fever	3	...	...	...	...	...	...	...	...
Other accidents and diseases of pregnancy and parturition	3	...	...	...	...	1	...	...	...
Congenital debility and malformation including premature birth	9	4	...	3	...	2	...	...	4
Violent deaths, excluding suicide	24	3	3	53	6	1	...	13	6
Suicide	1	2	...	11	2	...	...	1	2
Other defined diseases	123	61	9	12	1	21	...	12	62
Diseases ill-defined or unknown	...	...	...	...	...	11	...	...	...
Total	302	143	33	86	12	51	...	56	153

* The Union Poor Law Hospital is now situated within the Borough.

TABLE 4.—POPULATION, BIRTHS, AND DEATHS FOR 1925 AND PREVIOUS YEARS.

Year.	Population estimate to middle of each year.	Births.			Total Deaths registered in the Borough.		Transferable Deaths		Net Deaths belonging to the Borough.			
		Uncorrected Number.	Net.						Under 1 Year of Age.		At All Ages.	
			Number.	Rate.	Number.	Rate.	Of Non-Residents registered in the Borough.	Of Residents not registered in the Borough.	Number.	Rate per 1,000 Net Births.	Number.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1911	108,844	3,279	3,300	30.3	1,687	15.5	13	216	484	147	1,890	17.4
1912	109,678	3,322	3,352	30.6	1,550	14.1	18	220	356	106	1,752	16.0
1913	110,513	3,478	3,495	31.1	1,803	16.1	21	229	408	117	2,011	17.9
1914	110,604	3,503	3,517	31.8	1,753	15.9	15	217	482	137	1,955	17.7
1915	109,855	3,265	3,275	29.6	1,871	17.0	28	287	468	143	2,130	19.4
1916	109,332	3,091	3,093	26.0	1,649	14.9	44	257	369	119	1,862	17.0
1917	106,500	2,699	2,714	22.8	1,750	16.4	33	271	362	133	1,988	18.6
1918	105,659	2,979	3,005	25.4	2,122	20.1	41	313	359	118	2,394	22.6
1919	111,502	3,104	3,130	26.9	1,687	15.1	37	242	370	118	1,892	17.0
1920	115,945	3,922	3,966	34.2	1,738	15.0	26	288	479	121	2,000	17.2
1921	118,400	3,464	3,507	29.6	1,541	13.0	12	272	335	96	1,801	15.2
1922	122,400	3,287	3,257	26.6	1,738	14.2	109	56	307	94	1,685	13.8
1923	124,500	3,152	3,144	25.3	1,766	14.2	110	58	297	94	1,714	13.8
1924	126,600	3,087	3,071	24.3	1,910	15.1	149	70	313	102	1,831	14.5
1925	124,600	2,997	2,976	23.9	1,867	14.9	153	56	340	114	1,770	14.2

NOTES.—(A) The rates in Columns 5, 7, and 13 are calculated per 1,000 of the population.

(B) The populations for the years 1915 onwards are the Registrar General's estimates of the *civilian* population.

For each of the years 1916, 1917, 1918, and 1919, the Registrar-General supplied two estimates of population :—

(1) for calculating birth-rates.
(2) ,, ,, death-rates.

The birth-rate population for these years was respectively 118,955 ; 118,717 ; 118,387 ; and 116,152. The *death-rate* (or *civilian*) population is shown in the table above.

(C) "**Transferable Deaths**" **are deaths of persons who, having a fixed or usual residence in England or Wales, died in a district other than that in which they resided.**

The large increase in the number of non-residents recorded since 1921 in column 8, and the decrease in the number of transferable deaths in column 9, is due to the Harton Poor Law Institution now being situated within the Borough.

TABLE 5.—BIRTH-RATES, INFANT MORTALITY RATES, AND DEATH-RATES FROM VARIOUS CAUSES, 1871-1925.

YEAR.	Estimated Population.	Birth-rate.	Death-rate.	Principal Epidemic Diseases.								Phthisis.	Other Tuberculous Diseases.	Cancer.	Bronchitis.	Pneumonia.	Influenza.	Deaths under 1 year per 1,000 births.
				Total.	Smallpox.	Measles.	Scarlet Fever.	‡ Diphtheria.	Whooping Cough.	"Fever."	X Diarrhœa.							
Mean 1871-1880	50,580	43.1	25.5	6.0	.86	.42	1.44	.12	.78	.79	1.59	1.91	—	—	—	—	—	164
Mean 1881-1890	66,520	38.8	20.5	2.3	.01	.34	.45	.10	.44	.19	.78	1.84	—	—	—	—	—	140
Mean 1891-1900	87,022	36.1	20.1	2.45	.00	.44	.22	.11	.46	.28	.93	1.60	1.00	.63	2.00	1.47	.29	166
1901	97,800	36.8	20.6	3.36	..	.68	.60	.14	.10	.22	1.60	1.63	.71	.68	1.35	1.19	.18	169
1902*	101,801	36.9	19.8	2.66	.04	.93	.38	.06	1.02	.06	.17	1.81	.66	.65	1.36	1.54	.12	149
1903	102,561	35.4	17.6	1.04	.01	.15	.12	.16	.03	.10	.49	1.72	.73	.71	1.70	1.37	.17	132
1904	103,327	35.9	18.9	1.84	.07	.27	.08	.12	.62	.09	.60	1.59	.85	.65	1.69	1.42	.26	144
1905	104,099	33.6	17.1	2.07	.04	.23	.06	.23	.61	.22	.68	1.21	.62	.68	1.56	1.31	.19	145
1906	104,876	33.7	19.0	2.94	..	1.04	.06	.29	.37	.09	1.10	1.58	.72	.68	1.39	1.35	.24	150
1907	105,659	31.0	18.0	1.53	..	.46	.09	.18	.51	.04	.26	1.69	.75	.73	1.43	1.33	.33	133
1908	106,448	32.7	16.8	1.98	..	.30	.08	.22	.46	.08	.85	1.29	.67	.82	1.24	1.04	.37	133
1909	107,244	31.6	16.6	1.50	..	.35	.18	.19	.34	.04	.41	1.21	.63	.73	1.27	1.13	.29	138
1910	108,045	31.5	15.2	1.50	.02	.16	.06	.06	.59	.06	.56	1.25	.70	.87	1.10	1.17	.29	111
Mean 1901-1910	104,186	33.9	17.9	2.03	.02	.45	.17	.16	.47	.10	.66	1.50	.71	.72	1.41	1.28	.25	140
1911	108,844	30.3	17.4	2.07	..	.37	.01	.08	.21	.04	1.36	1.19	.58	.82	1.33	1.56	.26	147
1912	109,678	30.6	16.0	1.39	..	.58	.05	.05	.46	.05	.18	1.53	.39	.71	1.50	1.25	.22	106
1913	110,513	31.1	17.9	1.59	..	.51	.28	.07	.10	.06	.57	1.33	.66	.90	1.48	1.28	.36	117
1914	110,604	31.8	17.7	2.23	..	.27	.22	.14	.52	.14	.95	1.31	.58	.84	1.49	1.67	.21	137
1915†	109,855	29.6	19.4	1.84	..	.46	.17	.07	.41	.02	.70	1.67	.67	1.07	2.21	2.07	.18	143
1916	109,332	26.0	17.0	0.83	.01	.07	.08	.11	.19	.01	.36	1.73	.68	1.01	1.81	1.50	.09	119
1917	106,500	22.8	18.6	1.74	..	1.14	.01	.07	.12	.01	.38	1.96	.71	.96	1.83	1.81	.07	133
1918	105,659	25.4	22.6	1.11	..	..	.02	.11	.47	..	.51	1.93	.61	.91	1.85	2.01	4.36	118
1919	111,502	26.9	17.0	1.04	..	.37	.04	.09	.01	.01	.53	1.30	.63	.86	1.53	1.56	1.84	118
1920	115,945	34.2	17.2	0.90	.01	..	.01	.11	.15	.04	.58	1.35	.41	.91	2.16	1.98	.83	121
Mean 1911-1920	109,843	28.9	18.1	1.47	.00	.38	.09	.09	.26	.04	.61	1.53	.59	.90	1.72	1.67	.84	126
Mean 1871-1920	83,630	36.1	20.4	2.78	.10	.41	.47	.12	.48	.28	.91	1.68	—	—	—	—	—	147
1921	118,400	29.6	15.2	1.37	..	.37	.03	.10	.23	.02	.62	1.44	.36	1.07	1.23	0.89	.49	96
1922	122,400	26.6	13.8	0.51	..	..	.02	.07	.17	.01	.24	1.29	.39	.97	1.30	1.30	.72	94
1923	124,500	25.3	13.8	1.47	..	.67	.04	.08	.46	..	.22	1.40	.43	1.01	1.03	1.05	.15	94
1924	126,600	24.3	14.5	0.69	..	.05	.06	.11	.06	.01	.40	1.28	.34	.98	1.33	1.13	1.22	102
1925	124,600	23.9	14.2	1.08	..	.28	.10	.05	.39	..	.26	1.34	.44	.99	1.32	1.31	.40	114

* The Borough was extended, November, 1901, and again in November, 1921.
X Diarrhœa and Enteritis (under 2 years of age) since 1905.
‡ Since 1891, Membranous Croup has been included under Diphtheria.
†See note (B) to Table 4, as regards population since 1915.

NOTIFIABLE DISEASES.

There were no additions to or removals from the list of notifiable diseases during the year.

Notification of infectious disease is, on the whole, well carried out. Occasionally it is necessary to call the attention of a doctor to the fact that he has omitted to notify a case. I do not think there is any deliberate evasion of the provisions of the Notification Act or Regulations.

Cases of non-notifiable infectious disease are reported from the schools, and a weekly return on a special card is also made to my Department.

There is a steam disinfector at the Deans Hospital, where infected articles are disinfected, and in the case of infected houses, disinfection is carried out by the male hospital staff by means of fumigation or spraying.

Verminous persons and their belongings can be disinfected at the hospital.

Prevalence.

The following table shows the number of cases of acute infectious disease notified during each of the past ten years :—

Disease.	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Smallpox	5	2	..	1	..	..	..	..	1	10
Chickenpox	210	..	..	..	..	..	..	..	..	..
Scarlet fever	363	128	76	146	146	601	210	364	734	409
Diphtheria	41	36	26	40	34	49	61	77	68	54
Measles	429	3936	57	2396	..	..	..	..	..	..
German measles	32	199	11	14	..	..	..	..	..	..
Enteric fever	7	5	12	7	10	5	5	9	12	11
Dysentery	..	..	..	8	5	2	1	..	..	2
Malaria	..	..	..	36	14	5	2	2	1	1
Cerebro-spinal fever	3	2	2	..	..	..	..	..	1	..
Polio-myelitis	1	1	..	..	..	2	1	1	3	2
Polio-encephalitis	..	..	..	..	..	..	1	..	..	..
Encephalitis lethargica	..	..	..	6	4	7	3	3	9	2
Pneumonia : primary	..	..	..	64	264	185	352	336	423	471
Pneumonia : influenzal	..	..	..	78	60	40	81	15	108	32
Puerperal fever	5	..	..	2	4	3	2	3	5	4
Erysipelas	55	35	27	41	28	36	27	29	25	36
Ophthalmia neonatorum	52	23	26	36	50	26	25	32	19	27

The age-incidence of the cases notified during 1925, the number which occurred in each ward of the town,together with the number removed to hospital, and the deaths from each disease will be found in table 6, page 38.

Reference to notification of tuberculosis is made on page 45.

There were no cases of continued fever, relapsing fever, cholera, plague, polio-encephalitis, cerebro-spinal fever, trench fever or typhus fever reported during the year.

Seasonal Incidence.

The following table shows the number of cases notified in each month of the year 1925 :—

Disease.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Smallpox	..	..	..	..	..	..	..	..	..	..	..	10	10
Scarlet fever	73	80	36	27	25	18	21	18	17	31	41	22	409
Diphtheria	8	4	4	1	3	8	3	3	3	10	4	3	54
Enteric fever	..	..	1	2	3	..	2	1	1	1	..	..	11
Dysentery	..	..	..	..	..	..	1	..	..	..	..	1	2
Malaria	..	1	..	..	..	..	..	..	..	..	..	..	1
Polio-myelitis	..	..	1	..	..	..	..	..	1	..	..	..	2
Encephalitis lethargica	..	..	..	..	1	..	1	..	..	..	..	..	2
Primary pneumonia	46	63	57	40	27	39	33	14	25	34	53	40	471
Influenzal pneumonia	4	..	4	4	2	..	..	3	2	3	3	7	32
Puerperal fever	..	1	..	..	1	..	..	..	..	..	1	1	4
Erysipelas	3	5	4	1	1	5	4	2	2	4	4	1	36
Ophthalmia neonatorum	..	3	2	..	4	3	2	6	..	4	1	2	27
Total	134	157	109	75	67	73	67	47	51	87	107	87	1061

Diseases in detail.

Smallpox.—Ten cases were notified in December. Nine were in the Mile End Road district, 7 of whom were children and of these 5 attended Baring Street School. The disease was on the whole mild in type, although in one case there were severe eye complications. Eight of the patients were unvaccinated and 2 (aged 19 and 46) had been vaccinated in infancy. There were no deaths. Thirty vaccinations and re-vaccinations were performed under the Public Health (Smallpox Prevention) Regulations, 1917.

One suspected case was removed to hospital in January but the diagnosis was not confirmed.

Twenty-two persons who had been in contact with patients suffering from smallpox in other towns were kept under observation during the incubation period but none developed the diease.

Scarlet Fever :—409 cases of scarlet fever were notified during the year. The epidemic of 1924 continued for the first two months of 1925, and then gradually diminished. The attack rate was 3.28 per 1,000 of the population. 308 or 75 per cent. of the cases were treated in hospital.

Of the total cases there were 12 deaths : seven occurred in the hospital, four among home-treated cases and one South Shields patient died in another town. The death-rate was higher than in many of the former epidemics and indicates a more severe type of the disease and a greater incidence of complications and sequelae.

There were 64 secondary cases : one of these occurred the day before the primary case was discharged from hospital. Had the second case taken ill a day later it might possibly have been classed as a " return " case. Another secondary case occurred three months after the death of the primary case in hospital. It is evident therefore that missed cases may be responsible for some which have been classified as " return cases," and this opinion is borne out by the fact that of 18 hospital return cases, 16 occurred under one month, one in 37 days and one in two months after the discharge of the primary case from hospital. Eight of the return cases occurred in January and February. There were three " home " return cases (*i.e.*, following treatment at home and final disinfection in connection with the primary case) : one of these was a return from a home-treated case which was itself a return from a hospital case. The deduction is that many of these ought not to be classed as genuine return cases at all, since the probability is that they were infected from some other source, possibly by an intermediate missed case.

No use was made of the Dick test.

Enteric Fever :—There were 11 cases of this disease notified. Seven were removed to hospital and of these six were genuine cases and one proved to be rosacea. Four of the cases were treated at home and in one of these at least there was a certain amount of doubt as to the diagnosis. There was one secondary case. Ten houses were thus infected. Of the 11 cases, 8 were children of whom 4 attended Baring Street School. It will be remembered that during 1924 a number of cases occurred among children attending this school. Of the remainder, one child lived in the

vicinity of Baring Street, one was a child of four years and two were scholars attending other schools. Three adults were notified; one, a seaman, probably contracted the disease abroad; one, a miner, was subsequently diagnosed in hospital as rosacea, and the third was a doubtful case who gave a history (since his internment in Holland), of having had dysentery, pneumonia and tuberculosis.

Of the ten infected houses, three had privy receptacles, six had water closets and one both a privy and water closet.

Diphtheria :—There were 54 cases of diphtheria notified during the year (including the Medical Officer of Health). Of these, 21 were removed to hospital. There were six deaths,four of which occurred among home-treated cases and two in hospital. The death rate was 0.05 per 1,000 population, one of the smallest rates for this disease recorded in the Borough. The case mortality was 11 per cent. Apart from the diphtheria antitoxin used in the hospital, 250,000 units were supplied to doctors for use in their cases treated at home. The Schick test was not made use of during the year. Six of the cases were secondary to primary cases in four households.

Pneumonia :—In all 503 cases of pneumonia were notified, 471 being primary and 32 influenzal, representing an increase on the previous year of primary pneumonia and a marked decrease in the influenzal type; but since some of the cases notified as pneumonia were certified as having died from influenzal pneumonia, it is probable that there were more actual cases of the latter condition.

In addition, there were 15 cases of pneumonia (1 influenzal and 14 primary) who were certified as having died and in respect of whom no notifications were received at the Health Department. Possibly some of these may have been terminal conditions of some other diseases, but in each case the doctor in charge of the case was written to and reminded of his obligations under the Notification Act and Regulations.

Pneumonia jackets are supplied to patients on the request of the doctor in attendance.

Encephalitis Lethargica :—There were only two notifications of this disease received at the Health Department during the year, one a youth of 16 and the other a woman aged 41. Both these cases died, the latter after 4 days in hospital. In neither case was there a history of antecedent influenza.

Acute Anterior Poliomyelitis :—There were also two notifications of this condition ; one was a girl of 6 and the other a girl of 14 .

Malaria :—Two cases of malaria came under the notice of the Department. One was an ex-service man who contracted the disease in India in 1920 and another ex-service man was certified as having died from malaria complicated with lobar pneumonia. Only the former case was notified to the Department.

Dysentery :—One case, an ex-service man aged 27, died from this disease. He had seen service in France and Mesopotamia where he had contracted malaria but not dysentery. The other notified case was in a woman aged 70.

Erysipelas :—There were 36 cases notified, of whom one died.

Ophthalmia Neonatorum :—There were 27 notifications of this disease. Further details will be found under the section dealing with Maternity and Child Welfare.

Puerperal Fever :—Four cases of puerperal fever were notified during the year, two of whom died. In the Registrar's return of deaths, it was found that four women died of puerperal sepsis who had not been notified as puerperal fever. There is a certain amount of dubiety as to the definition of puerperal fever and in my opinion it would be an advantage if all septic conditions arising during the puerperal state were classified as puerperal fever and notified as such. From the data collected in the investigation of this condition much valuable information as to the cause would probably be obtained. This dubiety no doubt has a deterrent effect on notification, and to some extent to a feeling of stigma attached to the condition, either on the part of the patient and her friends, or those in attendance on the case. The paucity of hospital accommodation for such cases and for maternity cases in general may also affect the notification of the disease.

Non-notifiable Infectious Diseases.

Whooping Cough :—The Health Visitors visited 602 cases of whooping cough. This represented almost three times the number of cases occurring in 1924. There were 49 deaths, 45 of which occurred in the first two quarters of the year. The death rate was 0.39 per 1,000 of the population.

Measles :—This disease was also much more prevalent than in 1924 and ran concurrently with whooping cough for five months. In all there were 1,611 cases visited by the Health Visitors. There were 35 deaths, 26 of which occurred in the second and third quarters of the year. The death-rate amounted to 0.28 per 1,000 of the population. Four cases were treated in the Deans Hospital.

Chicken-Pox :—464 cases of this disease came under the the observation of the Health Department and were visited by the Health Visitors. There were no deaths.

Infantile Diarrhoea and Enteritis :—There were 32 deaths from this disease in infants under 2 years of age, a death rate of 10.8 per 1,000 births. 17 deaths occurred in the first half of the year. The death rate for South Shields compares unfavourably with that for the country generally (8.4), while it is the same as the average of the County Boroughs.

ISOLATION HOSPITALS.

Accommodation.

The increased accommodation referred to in the annual report for 1924 was completed early in 1925. The total number of beds available is now 61 or about half the minimum there ought to be. Fortunately the epidemic of 1924 did not continue beyond the month of February, so that except for the first two months when the hospital was overcrowded the conditions were satisfactory.

It is bad policy, however, to have to provide extra accommodation every time an epidemic occurs, because such accommodation is rarely available until the epidemic is practically over, the cost is great and at best the extra provision is merely a make-shift.

Cases treated during 1925.

The following table shows the number of cases treated at the Deans Hospital during 1925 :—

Notified Diseases.	Remaining in on Dec. 31st, 1924.	Admitted during 1925.	Discharged	Died.	Remaining in on Dec. 31st, 1925.
Scarlet fever	71	308	337	9	33
Enteric fever	..	7	7	..	..
Diphtheria	..	21	18	2	1
Encephalitis lethargica	..	1	..	1	..
Measles	..	4	4	..	..
Tuberculosis	..	18	12	4	2
Suspected Enteric	..	2	1	1	..
,, Diphtheria	..	4	4	..	..
Contacts	..	3	3	..	..
Totals	71	368	386	17	36

The average daily number of cases under treatment in Hospital is shown below :—

Notified Diseases.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Average.
Scarlet fever	74	77	73	48	30	25	23	21	23	28	40	42	42
Enteric fever	..	..	..	2	3	1	0	1	2	2	0	..	1
Diphtheria	2	1	0	1	0	2	..	2	2	6	6	1	2
Other	1	0	..	2	0	2	5	1	6	3	6	4	2
Totals ..	77	78	73	53	33	30	28	25	33	39	52	47	47

Results of Hospital Treatment.

Scarlet Fever :—On the whole the type of scarlet fever appeared to have been more severe than in the previous year and there was an increased liability to complications. There were 308 cases admitted, among whom there were nine deaths. Seven deaths occurred from scarlet fever and other complications as shown in the table below, and two from other conditions not associated with that disease :—

Scarlet fever, broncho pneumonia after 42 days in hospital.
Scarlet fever, broncho pneumonia after 1 day in hospital.
Scarlet fever, broncho pneumonia after 12 days in hospital.
Scarlet fever, convulsions, hypostatic pneumonia,after 31 days in hospital.
Scarlet fever, endocarditis, septicaemia after 25 days in hospital.
Scarlet fever (malignant) after 18 hours in hospital.
Scarlet fever (septic) after 8 days in hospital.
Tuberculous meningitis after 93 days in hospital.
Whooping cough and broncho pneumonia after 12 days in hospital

The highest number of cases in the hospital at any time was on March 16th, when there were 81, and the lowest number was 18 on August 14th, 15th, and 19th. The average stay in hospital was 47 days.

Thirteen scarlet fever patients were admitted with otorrhoea and thirteen developed the condition while in hospital. Ten developed measles ; and one chickenpox two days after admission.

Enteric Fever :—Seven cases were admitted to hospital, six of whom had enteric fever and one was subsequently diagnosed to be suffering from rosacea. Two suspected cases were admitted : one proved to be a case of pneumonia and died eight hours after admission and one proved to be a case of gastro-enteritis.

Diphtheria :—21 cases of diphtheria were admitted as compared with 6 in 1924. One case was re-diagnosed as scarlet fever. Four suspected cases were admitted but these proved after bacteriological examination to be conditions of the throat other than diphtheria. There were two deaths, one 5 days after admission and the other 7 days.

Encephalitis Lethargica :—Only one case of this disease was treated in the hospital. She died four days after admission.

Measles :—Four cases were admitted, along with three contacts.

Smallpox: —Ten cases and one suspected case were removed to Whiteleas Hospital; the latter, admitted in January was subsequently found not to be suffering from smallpox. The others were admitted in December, and all the immediate contacts were removed for disinfection.

TABLE 6—CASES OF, AND DEATHS FROM, NOTIFIABLE INFECTIOUS DISEASE IN SOUTH SHIELDS DURING THE YEAR 1925.

Notifiable Diseases.	No. of Cases notified.													No. of Cases notified in each Ward.															No. of Cases admitted to Hospital.	No. of Deaths. *											
	At all ages.	At following Ages—Years.												Shields.	Beacon.	St. Hilda.	Hadrian.	Holborn.	Laygate.	Victoria.	Bents.	Rekendyke.	Westoe.	Deans.	Tyne Dock.	Simonside.	West Park.	Harton.	Harton Institution. †		At all Ages.	At following Ages—Years.										
		0-	1-	2-	3-	4-	5-	10-	15-	20-	35-	45-	65-																			0-	1-	2-	3-	4-	5-	10-	15-	20-	35-	45-	65-
Smallpox	10	...	...	..	...	1	5	1	1	1	...	1	...	5	3	...	1	...	...	...	1	..	...	...	...	...	...	...	...	10	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	54	1	...	2	3	6	21	7	1	9	1	3	...	5	10	2	4	...	1	...	5	2	4	4	6	4	3	4	...	21	6	..	...	...	1	3	2	...	...	...	...	...
Erysipelas	36	...	...	1	...	...	1	..	2	4	10	14	4	2	1	2	4	1	2	5	1	5	2	2	3	2	1	2	1	...	1	...	...	...	...	...	...	...	...	...	1	..
Scarlet fever	409	4	10	14	25	42	166	97	24	23	2	2	...	25	30	12	16	12	28	23	26	33	23	43	48	26	43	21	...	308	12	...	1	...	2	2	3	2	1	1	...	...
Enteric fever	11	...	...	...	...	1	2	5	1	1	1	...	...	2	2	1	1	...	1	...	...	...	2	2	..	...	...	...	...	7	...	...	...	...	...	...	...	...	...	...	...
Puerperal fever	4	...	..	..	..	..	...	...	..	3	1	...	...	...	...	...	...	1	...	...	...	1	...	1	...	...	1	...	...	...	6	...	...	...	...	...	...	...	2	4	...	...
Encephalitis lethargica	2	...	...	...	...	...	...	...	1	...	1	...	..	...	..	...	...	...	1	...	...	..	...	...	..	...	...	1	...	1	2	...	...	...	...	...	...	1	...	1	...	...
Polio-myelitis	2	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1	...	..	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery	2	...	...	...	...	...	...	...	...	1	...	...	1	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
Malaria	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...
Pneumonia : primary	471	70	80	51	33	22	66	21	19	33	40	26	10	50	21	35	20	43	52	34	14	58	14	45	35	19	21	10	...	...	163	47	34	13	6	4	10	3	1	6	12	15	12
Do. influenzal	32	...	...	...	1	...	2	1	4	10	5	8	1	3	3	3	4	1	...	5	3	1	3	1	2	1	2	...	..	...	14	1	...	...	...	...	...	...	2	1	2	6	2
Ophthalmia neonatorum	27	27	...	...	..	...	...	...	...	...	...	...	..	...	1	2	..	2	4	2	2	3	3	4	1	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis $	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total	1061	102	90	68	62	72	264	133	53	86	61	54	16	92	72	57	51	60	89	70	53	103	51	103	95	54	72	38	1	347	205	48	35	13	9	9	15	5	5	11	20	22	14

* Including inward transferable deaths and cases not previously notified, but excluding outward transfers.

† Non-residents of the Borough and permanent inmates of the Institution. Other cases admitted to the Institution have been distributed in the wards according to their previous home address in the Borough.

$ Reference to notification of tuberculosis is made on page 45

GENERAL PROVISION OF HEALTH SERVICES.

Hospitals provided by the Local Authority.

These include the Deans Isolation Hospital (61 beds), the Cleadon Park Sanatorium, (45 beds), and the Whiteleas Smallpox Hospital, (36 beds). The latter is maintained by the following authorities :—South Shields and Sunderland County Borough Councils, South Shields and Sunderland Rural District Councils, Jarrow Town Council and Felling, Hebburn and Southwick Urban District Councils. These together appoint representatives to form the North East Durham Joint Smallpox Hospital Board. The Clerk to the Board is Mr. W. J. Charlton, Town Hall, Jarrow, and the Medical Superintendent of the Hospital is the Medical Officer of Health, South Shields. The hospital is situated about a mile outside the South Shields Borough boundary.

There are no maternity or children's hospitals in the Borough nor is any institutional provision for unmarried mothers, illegitimate infants or homeless children in the area wholly or partly maintained by the Local Authority.

St. Verca's Home (Church of England), the Salvation Army Home and the Edward Brough Home (Poor Children's Holiday Association) are maintained in South Shields by the respective authorities mentioned.

Ambulance Facilities.

A motor ambulance is provided by the Council for the removal of infectious diseases.

The police motor ambulance is maintained for accidents and other non-infectious cases.

Two motor ambulances are provided by the South Shields Guardians, and a horse-drawn ambulance by the local branch of the St. John Nursing Association for general purposes.

Voluntary Hospitals.

There is one general hospital (voluntary) in the area—the Ingham Infirmary (96 beds) with the management of which the Council have an agreement for the treatment at the expense of the Council of cases of surgical tuberculosis referred by the Tuberculosis Officer. Cases are also sent to other sanatoria when beds are available.

Other hospitals used by the inhabitants are :
The Royal Infirmary, Newcastle-upon-Tyne.
The Eye Infirmary, Newcastle-upon-Tyne.
The Fleming Memorial Hospital for Children, Newcastle-upon-Tyne.
The Throat, Nose and Ear Hospital, Newcastle-upon-Tyne.
The Eye Infirmary,Sunderland.
The Harton Hospital (Poor Law), which serves a large area of North East Durham, including South Shields County Borough, South Shields Rural District, Borough of Jarrow and Urban District of Hebburn, is situated in the Borough.

Clinics and Treatment Centres.

The following clinics are provided by the Council.

Tuberculosis Clinic—Town Hall.
Maternity and Child Welfare Centres :—
(1)—Town Hall,
(2)—St. Hilda's School.
(3)—Stevenson Memorial Hall.
(4)—St. Mary's Church Hall.
School Clinics :—
(1)—Town Hall :—(Minor Ailments, Refraction, X-ray).
(2)—Wesley Street (Dental and Surgical Clinics and Cleansing Station).
Venereal Diseases Clinic, Deans Hospital :
(Seven beds provided for in-patient treatment).

Professional Nursing in the Home.

There are no arrangements for providing nursing assistance, voluntary or otherwise, in the Borough except such provision as may be made by the Poor Law Authority.

The local Nursing Division of the St. John Ambulance Association has a stock of sick room requisities which are lent to patients at a small charge, or free in necessitous cases. The local Division has no trained nurses for domiciliary cases but some of its ambulance sisters visit homes of patients for dressings, etc.

Midwives.

No midwives as such are employed or subsidised by the local Authority. There were 33 practising in the Borough at the end of 1925, apart from those on the indoor staff of the Poor Law Hospital.

Chemical Work.

Arrangements are provided for a limited amount of chemical and bio-chemical work in the Municipal Laboratory. A summary of the work done during 1925 will be found on page 43. Reports from the Public Analyst are detailed on page 112.

Legislation in Force.

A list of the Local Acts, Special Local Orders, General Adoptive Acts and Byelaws relating to the Public Health, in force in the area, is given below :—

1.—Local Acts and Orders.

South Shields Improvement Act, 1853.
South Shields Improvement Amendment Act, 1861.
South Shields Corporation Act, 1896.
South Shields Corporation Act, 1900.
South Shields (Extension) Order, 1901 (relating to the extension of the Borough, and the provision of the public slaughterhouse) which was confirmed by the Local Government Board's Provisional Orders Confirmation (No. 7) Act, 1901.
South Shields Corporation Act, 1903.
North East Durham Joint Smallpox Hospital Order, 1910 confirmed by the Local Government Board's Provisional Orders Confirmation (No. 10) Act, 1910.
South Shields Corporation Act, 1915.
Veneral Diseases (Cumberland, etc.) Order, 1920, applying Section 1 of the Veneral Disease Act, 1917, to the County Borough of South Shields and other areas.
South Shields Corporation Act, 1921.
Shop Acts Local Orders :—
South Shields Holiday Resort Order, 1912..
Ocean Road Exempted Area Order (Stationers, etc), 1912.
Tyne Dock Exempted Area Order (Grocers, etc.), 1912.
Stationer's Exemption Order, 1914.
Hairdresser's Half Holiday Order, 1913.
Butcher's Half Holiday Order, 1915.
Butcher's Closing Order, 1920.
Pork Butcher's Closing Order, 1921.
Hairdresser's Closing Order, 1922.
Draper's, etc. Closing Order, 1925.

2.—Permissive Acts adopted by the Council.

	Date of adoption.
Baths and Wash-houses Act	2nd July, 1851.
Infectious Disease (Prevention) Act, 1890.	4th March, 1891.
Public Health Acts Amendment Act, 1890.	
Parts II., III., and V.	30th June, 1891.
Part IV.	1st February,1893.

Private Street Works Act, 1892. .....31st May, 1924.

Public Health Acts Amendment Act, 1907—

Sections 23, 24, 27, 33, 34, 35, 36, 37, 39, 40, 41, 42, 47, 49, 50, 51, 56, 57, 59, 60, 61, 62, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 78, 81, 85, 87, 88, 89, 91, 92, 94, & 95	Most of these sections were adopted on 14th June, 1909, & 28th June, 1910 ; 1 in 1912, 4 in 1914, 3 in 1920, and 2 in 1921.

(Certain conditions were attached to some of the adopted sections by the Local Government Board and Ministry of Health when giving approval to the applications, and many of the provisions of the South Shields Corporation Act, 1896, were repealed. The subject matter of other sections of the local act of 1896 is similar to various sections of the Act of 1907 which have not been adopted).

3.—Byelaws and Regulations.

	Date.
General Byelaws	4th February, 1851.
New Streets and Buildings	18th April, 1866.
Prevention of Nuisances & Annoyances in Streets	18th April, 1866.
Public Bathing	4th May, 1870.
Prevention of Nuisances & Annoyances in Streets	12th October, 1872.
Seaman's Lodging Houses	1st June, 1887.
Dairies, Cowsheds, and Milkshops (Regulations)	4th April, 1894.
Common Lodging Houses	1st August, 1894.
Houses let in Lodgings	30th March, 1897.
Drainage of Houses and Buildings (Regulations)	7th September, 1898.
Drainage—Mode in which communications are to be made between drains and sewers (Regulations)	4th October, 1899.
New Streets and Buildings	4th April, 1900.
New Buildings	7th October,1903.
Regulations of the Seashore	16th May, 1905.
Parks	12th January, 1906.
Public Slaughterhouses	14th April, 1908.
Registries for Female Domestic Servants	22nd December, 1909.
Public Baths	22nd December, 1909.
Public Wash-houses	22nd December, 1909.
Spitting in Public Places	5th March, 1913.
Employment of Children	16th November, 1920.
Offensive Trades	22nd July, 1922.

MUNICIPAL LABORATORY.

The following table shows in detail the work carried out during the year in the Municipal Laboratory at the Health Department, Town Hall.

Nature of Examination.

Swabs for diphtheria bacilli	268
Sputum, etc., for tubercle bacilli	362
Blood for Widal re-action	8
Faeces for B. typhosus	1
Pus for gonococci	1
Hair for ringworm	15
Urine for chemical and microscopical examination	37
Water for hardness and chlorine content	4
Preparation of media.	

In addition, certain examinations cognate to the work were carried out at the Venereal Diseases Clinic and specimens were sent from the clinic to the College of Medicine, Newcastle, for examination. The details are shown on page 57.

Small stocks of diphtheria antitoxin for the use of general practitioners are kept at the Health Department and at the Deans Hospital. Arseno-benzol compounds are available at the Venereal Diseases Clinic and are supplied free of charge on the written application from doctors who possess the necessary qualifications specified by the Ministry of Health.

Collosol argentum is supplied free to midwives for the prevention of ophthalmia neonatorum.

TUBERCULOSIS.

There was no action necessary during 1925 under the Public Health (Prevention of Tuberculosis) Regulations, 1925, and the permissive provisions of the Public Health Act had not been adopted before the end of the year.

The Borough tuberculosis scheme might be summarised as follows:—In November, 1913, a tuberculosis dispensary was established in the Public Health Department, and in 1915 a new clinic was constructed from what was heretofore the Weights and Measures Department. There were no beds available for the sanatorium or hospital treatment of patients generally except seven —five male and two female—which were reserved for persons insured under the Insurance Act, 1911.

In July, 1921, the mansion house at Cleadon Park was opened as a sanatorium with 25 beds, which number has since been increased to 45.

There is complete co-operation between the tuberculosis clinic and the school and maternity and child welfare clinics, the general hospital and the medical men in the Borough.

Patients in whom the diagnosis is doubtful are kept under observation until the diagnosis is established or otherwise.

"Home Contacts" are encouraged to come to the clinic for examination, and in many cases they avail themselves of the facilities provided.

Two shelters are provided by the Council for the use of patients treated in their homes.

An X-ray plant and an ultra-violet ray lamp is available at the Tuberculosis Clinic, and the Sanatorium is provided with artificial pneumo-thorax apparatus.

No dental treatment is provided by the Council for tuberculous patients, nor is any nursing or "after care" available except that given by the Health Visitors.

Incidence of Tuberculosis:

Number of South Shields residents on tuberculosis register on 1st January, 1925	1,782
Number of cases notified during 1925	404
Number of cases removed from register during 1925	514

Total Number of South Shields residents on Register on 31st December, 1925:—

	Males.	Females.	Total.
Pulmonary	545	489	1,034
Non-pulmonary	307	331	638

Number of ex-service men at the end of 1925 who were suffering from tuberculosis due to or aggravated by service	88

The reasons for removal from the Register were :—

Died from tuberculosis or other disease	214
Found on examination not to be suffering from tuberculosis	1
Left the town	19
Two years untraced	173
Three years free	83
Five years free	24

Notification :

404 new cases were notified during the year (pulmonary, 241 ; non-pulmonary, 163) ; of these 63 died within a month of notification, while 100 died before 3 months. 31 deaths occurred in cases in which no notification had been received, *i.e.*, 14 per cent. of the total deaths from tuberculosis. It is obvious, therefore, that some tightening up of the regulations with regard to notification will have to be made if the efforts of the Council to combat tuberculosis are to be successful. Of the 214 notified cases who died :—

5	died	before the notification was received.	
40	,,	within one week of notification	
18	,,	,, ,,	to one month of notification.
37	,,	,,	one month to three months of notification.
30	,,	,,	three to six months of notification.
17	,,	,,	six to twelve months of notification.

All admissions of tuberculous patients to the local general hospital (Ingham Infirmary), and the poor law hospital (Harton Hospital) are reported to the Health Department. If any of these cases have not previously been notified as primary cases the House Surgeon is requested to notify if, in his opinion, they are active cases. In this way many patients who might otherwise have escaped observation have been added to the register of tuberculous cases.

The following table shows the number of " new cases " classified according to sex and age groups.

	New Cases.				Deaths.			
	Pulmonary.		Non-pulmonary.		Pulmonary.		Non-pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year ..	1	1	3	1	..	..	4	2
1—5 years	13	6	23	14	6	5	5	8
5—10 years ..	13	17	18	16	2	4	5	3
10—15 years ..	15	10	18	20	4	4	6	3
15—20 years ..	19	14	8	6	8	7	3	4
20—25 years ..	15	18	11	10	17	12	1	3
25—35 years ..	34	21	10	3	24	14	4	1
35—45 years ..	24	9	2	4	17	9	2	..
45—55 years ..	17	7	..	3	14	9	..	1
55—65 years ..	6	3	1	..	6	5	..	..
Over 65 years ..	..	..	1	..	..	..	..	..
Total	157	106	95	77	98	69	30	25

The term " new cases " includes all primary notifications (404 as above) and the 31 fatal cases referred to above who had not been notified before death.

Included in the summary of new cases for the year are 31 cases of tuberculosis in Arab seamen resident in the Borough, viz. :—29 notified, and 2 deaths in non-notified cases as under :—

		Notified cases.	Non-Notified.
Pulmonary	Aged 20—25....	2	..
	25—35....	12	2
	35—45....	7	..
	45—55....	2	..
Non-pulmonary	20—25....	1	..
	25—35....	3	..
	35—45....	2	..
	45—55....	..	..

The total number of cases of tuberculosis notified during each of the past 10 years is as follows :—

	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Pulmonary	294	331	227	268	270	283	283	227	275	241
Non-pulmonary	203	173	119	94	90	111	146	122	106	163

Mortality :

During the year there were 222 deaths from tuberculosis: 167 pulmonary and 55 non-pulmonary, a death rate of 1.78 per thousand of the population as compared with 1.62 for the previous year

There were 22 deaths from tuberculosis among Arab seamen, or 10 per cent. of the tuberculosis deaths. Arabs constitute only about 0.4 per cent. of the total population, and it is therefore obvious that they suffer from tuberculosis in undue proportion, and increase the death-rate accordingly.

The death-rate from tuberculosis during each of the past 10 years is shown below :—

	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Pulmonary	1.73	1.96	1.93	1.30	1.35	1.44	1.29	1.40	1.28	1.34
Non-pulmonary	.68	.71	.61	.63	.41	.36	.39	.43	.34	.44

Treatment of Tuberculosis :

Residential Institutional Treatment :—During the year 318 cases of tuberculosis were known to have been admitted to institutions for treatment. Of these, 131 were treated at the cost of the Town Council, as follows :—

At Cleadon Park Sanatorium (100 pulmonary, 14 non-pulmonary)	114
At the Ingham Infirmary (surgical cases)	9
At other Sanatoria	8

The following table shows the distribution and classificaton of South Shields patients admitted to institutions during 1925, and includes those treated at the expense of the Corporation :—

	Ex-Service Men.	Insured.		Non-insured.				Total
		Men.	Women	Men.	Women	Boys.	Girls.	
Approved Sanatoria, etc.—								
Cleadon Park	..	39	9	..	17	14	35	114
Stannington	..	..	..	..	..	3	5	8
Ingham Infirmary	..	17	4	..	10	15	14	60
Royal Victoria Infirmary	..	2	1	..	..	1	2	6
Other Sanatoria	2	5	2	..	1	..	..	10
Poor Law Hospitals	..	*47	1	..	11	31	11	101
Other Hospitals	..	4	1	..	7	4	3	19
Total	2	114	18	..	46	68	70	318

* Includes 17 Arab Seamen.

The number of individual patients referred to in the above statement is 296, of whom 192 were pulmonary and 104 non-pulmonary cases. 22 of the patients received treatment in more than one institution during the year.

Cleadon Park Sanatorium:—The average length of stay in Cleadon Park Sanatorium was 100 days per patient. Of the 115 patients discharged during the year 59 were reported to be very much improved; 24 were improved and 32 were not improved.

The general result of treatment at the sanatorium of the patients discharged during the year may be summarised briefly as follows:—

	Males.	*Females.*	*Total.*
Much Improved	19	40	59
Improved	14	10	24
Not Improved	20	12	32
	53	62	115

Municipal Clinic.—357 suspected cases and 59 contacts were examined at the Clinic. Of these, 123 were found to be suffering from tuberculosis; 66 tuberculosis of the lungs, and 57 tuberculosis of other organs. In 293 cases no evidence of the disease was found.

The following tables summarise the work of the Clinic during 1925:—

Total number of attendances at the clinic	15,665
,, ,, examinations ,, ...	951
Number of new cases examined	416
,, of examinations of ex-Service men	156
,, on clinic treatment register on 1–1–1925	312
,, taken on for treatment during 1925.....	89
,, discharged	98
,, remaining under treatment on 31–12–1925.....	303
,, of home visits paid by the Health Visitors:—	
First visits	372
Subsequent visits	2,806
,, of premises disinfected after removal to sanatoria	16
,, ,, ,, death of patients ..	116

102 school children were sent by the School Medical Officers during the year for diagnosis. Of these 22 were found to be tuberculous.

Of 33 cases referred from the Maternity and Child Welfare Clinic, 11 were tuberculous.

EXAMINATION OF NEW CASES.

		Found to be tuberculous.		Not tuberculous.	Total.
		Pulm.	Non-pulm.		
Insured :	Men	36	2	32	70
	Women ..	5	1	7	13
Non-insured :	Men	..	..	..	..
	Women ..	10	4	51	65
	Boys	9	32	93	134
	Girls	6	18	110	134
Total		66	57	293	416

Of the 416 new cases examined at the Clinic, 148 were adults, and 268 children of school age or infants.

Of the 148 adults, 96 were sent by their medical attendants, and 52 came of their own accord, these having no private medical attendant.

Of the 268 children, 102 were sent by the School Medical Officers, 33 were referred from the Maternity and Child Welfare Clinic, 84 were sent by their private medical attendants, and 49 came of their own accord, having no private medical attendant.

Of the 148 adult cases, 51 were found to be suffering from pulmonary tuberculosis and 7 from non-pulmonary tuberculosis. The diagnosis was confirmed in 43 out of these 51 cases by bacteriological demonstration of tubercle bacilli in the sputum.

Of the 268 children examined, 65 were found to be tuberculous.

TREATMENT AT CLINIC.

	Under treatment on 31-12-24.	New cases.	Cases taken off Register.	Cases remaining 31-12-25.
INSURED :				
Pulmonary—				
Men	34	9	16	27
Women	12	7	2	17
Non-pulmonary—				
Men	1	2	3	..
Women	2	1	..	3
NON-INSURED :				
Pulmonary—				
Men	1	..	..	1
Women	32	8	12	28
Boys	43	7	18	32
Girls	66	8	18	56
Non-pulmonary—				
Men	..	..	..	..
Women	8	5	2	11
Boys	54	25	13	66
Girls	59	17	14	62
Total	312	89	98	303

Two patients were provided with surgical appliances and 306 surgical dressings were supplied at the clinic.

59 cases were treated by ultra-violet rays, with a total of 1,027 exposures.

39 patients received extra nourishment under the Council's scheme, and 72 others were recommended to the Poor Law Guardians for such increased food supply by the Tuberculosis Officer.

The following is a report made to me by Dr. Gaspey, the Assistant Tuberculosis Officer :—

> There is an increase of 23 in the number of cases notified, as compared with 1924, which was to be expected, in view of the continuous trade depression, and its sequel, unemployment.
>
> On the other hand, 119 more cases have been removed from the register than in the previous year, when an exceptionally small number were removed owing to the new rule regarding freedom from the disease for five years.

There is in the list of cases notified, a decrease in the number of persons suffering from pulmonary tuberculosis, but a very marked increase in the number of surgical cases; this increase is most marked, as shown in the table, in the case of children between the ages of 5 and 15.

MORTALITY.

Unfortunately, the number of deaths from tuberculosis has increased by 17 during the past year, out of which increase 12 were due to non-pulmonary tuberculosis, and the death-rate has increased from 1.62 to 1.78. Arabs were again adversely affected, more than twice as many deaths being recorded as last year.

TREATMENT OF TUBERCULOSIS.

The average stay for patients at the Sanatorium has increased from 86 days per patient to 100. This is all to the benefit of the patients, as time is one of the most important factors in the treatment of tuberculosis, and the longer a patient can have treatment, the better the ultimate outlook.

The number of new cases seen at the clinic shows an increase of 2 on the last year.

Examinations of ex-service men have dropped to 156, and the number of examinations will decrease as there were several deaths among the ex-service men.

Of the 416 new cases, 123 were found to be tuberculous, as compared with 169 for 1924.

The percentage of patients marked "not improved," about 1 in 4, may seem rather high, but various circumstances have to be taken into consideration. First of all, and the most important reason, is that no special provision is made for "advanced cases," except at the Harton Hospital, better known to patients as the "Workhouse." Only very exceptionally can a patient be persuaded to go to the Hospital for treatment and, of course, isolation, which is really more important. The promise of transfer to the Sanatorium, when a vacancy occurs, will induce a few to enter the institution, and of these, quite 50 per cent. return home after a few days.

As in many of the fairly advanced cases first seen at the clinic, isolation (and teaching of hygienic methods), to prevent the spread of the disease is essential, there is no alternative except admission to the Sanatorium, although the prognosis is bad.

Then again, it is felt that each individual should be given a fighting chance, although the odds appear to be against him, and besides the medical aspect of a case, the " human side " has often to be considered, either for the patient's sake, or for the relatives. One must not lose sight of the individual factor in a disease of this kind, and remember this in the choice of cases for treatment; the patient's " resistance " is the only consideration, and this in many cases has nothing to do with the extent of the disease. What may appear to be an advanced case, may respond remarkably well to Sanatorium treatment, while the early case may rapidly become worse, and fail to respond to treatment. This factor of " resistance " can only be measured by the actual practical experience of treatment (and not by examination at the clinic) and hence is bound to add to the list of " not improved."

On the other hand, the results of treatment of children have been most satisfactory.

Three patients had Artificial Pneumothorax successfully induced during 1925, and including 2 patients still under treatment from 1924, necessitating 33 refills.

This form of treatment was tried in the case of 7 other patients, but without success.

The new balcony has proved itself to be a most valuable addition to the treatment possibilities at the Sanatorium. Sun treatment has been made possible for the female patients suffering from tubercular glands or bones, and the results have been most gratifying, and it is hoped in the future to make more extensive use of this form of treatment.

59 patients were treated by ultra-violet rays, and the results have, on the whole, been satisfactory; but the remarks about the Mountain Sun Lamp placed at the end of last year's report still hold good.

VENEREAL DISEASE.

During the year 1925, the work of the Venereal Diseases Clinic was somewhat disorganised on account of changes in the staff. During Dr. Nicoll's illness, early in the year, and after his subsequent resignation Dr. Walker, the Venereal Diseases Officer, was called upon to undertake the work of the Public Health office. The Clinic was, therefore, carried on by Dr. Crosby, who acted in a temporary capacity until the end of the year. There was no diminution in the number of sessions or in the facilities for irrigation.

The number of attendances shows a decrease, particularly in the case of non-residents, but also to a lesser extent of residents. The decrease in the number of cases is more apparent than real on account of the change in the definition of a "new case." Those patients, who had been removed from the register in a previous year, and who subsequently returned for treatment, are not now counted as new cases on their return. (There were 55 such cases in the year—31 syphilis, and 24 gonorrhoea). The advantages of this arrangement are obvious, inasmuch as it makes for greater accuracy in the figures for the country generally.

The average attendance per patient is slightly increased in the case of males, being 18.6, but that for females shows a decrease, being 24.8, as compared with 28.3 during 1924.

There has also been a further slight decrease in the number of South Shields residents treated elsewhere.

Accommodation.

There has been no alteration in the accommodation at the local treatment centre. The new arrangements, whereby the male and female patients have separate entrances and waiting rooms, as detailed in last year's report, instead of the male and female patients attending at different times, greatly enhances the value of the clinic as a treatment centre.

Scope of the Work.

This has been set out in the former reports, and since it has not been altered it is unnecessary to repeat the details.

Annual Comparison.

The following table shews the number of cases treated at the Clinic during the past six years. While there is a gradual and marked diminution in the number of new cases, and in the number of attendances it would, I think, be premature to conclude that

venereal disease has decreased to such an extent in the Borough. Other factors must be considered, one of which is that the frequent changes in the medical personnel adversely affects the confidence of the patients.

Comparative Statement of New Cases treated at the Deans Hospital Clinic during the past Six Years.

	1920.		1921.		1922.		1923.		1924.		1925.	
	Residents.	Non-residents.	Residents.	Non-residents.	Residents.	Non-residents.	Residents.	Non-residents.	Residents.	Non-residents.	Residents.	Non-residents.
Syphilis	131	109	147	82	122	79	86	150	95	98	79	48
Soft chancre.....	51	30	7	12	4	9	5	17	16	7	8	2
Gonorrhoea	248	162	207	188	190	186	158	219	159	165	164	86
Total venereal cases	430	301	361	282	316	274	249	386	270	270	251	136
Non-venereal cases..	180	50	111	80	97	76	99	47	119	62	85	33
Grand Total ..	961		834		763		781		721		505	

Comparative Statement of Attendances.

	Resident.	Non-resident.	Total.	Male.	Female.
1920	13,674	1,163	14,837	14,017	820
1921	12,687	5,470	18,157	16,709	1,448
1922	18,123	9,352	27,475	24,074	3,401
1923	16,876	5,425	22,301	19,564	2,737
1924	13,937	5,148	19,085	14,640	4,445
1925	12,341	3,845	16,186	12,743	3,443

New Cases.

Table (*a*) summarises the new cases attending during 1925 and Table (*b*) is an analysis of the attendances.

It will be noted that the decrease in the number of attendances (Table (*b*)) as compared with that of 1924, is least marked in the columns marked "Others"; that is, those patients attending for irrigation, etc., and not necessarily being seen by the medical officer.

(*a*) Cases treated at South Shields Clinic during 1925.

	New Cases.				Total Cases.	
	Male.	Female.	Residents.	Non-residents.	Male.	Female.
Syphilis	102	25	79	48	193	71
Soft chancre	10	..	8	2	17	..
Gonorrhoea ..	237	13	164	86	381	40
Non-venereal diseases ..	92	26	85	33	95	28
Total	441	64	336	169	686	139

(*b*) Total Attendances at the Clinic.

	Males.		Females.		Total.		Average Attendance per patient.	
	M.O.	Others	M.O.	Others	M.O.	Others	Male	Female
Syphilis ..	1,089	765	577	397	1,666	1,162	9.6	13.7
Soft chancre	27	137	..	..	27	137	9.6	..
Gonorrhoea	1,581	8,613	402	1,825	1,983	10,438	26.8	55.7
Non-vener'al diseases	178	353	77	165	255	518	5.6	8.6
Total ..	2,875	9,868	1,056	2,387	3,931	12,255	18.6	24.8

The attendances of non-residents at the clinic also shows a marked decrease—3,845, as compared with 5,148 in 1924. They are as follows .—

From 7 Counties in England and Wales	1,092
,, 15 County Boroughs	887
,, Scotland	815
,, Ireland	94
,, 5 Colonies and Dependencies..	552
,, 9 foreign countries.....	405
Total	3,845

Disposal of Cases.

Table (*c*) indicates the disposal of cases during the year. While 85 were discharged as "cured" after treatment and observation, it is regrettable that no less than 245 patients ceased attending before completing treatment, while 136 ceased after completion,

but before the final tests for cure had been carried out Possibly, through treatment many of these patients had been rendered non-infectious, but such defalcations reduce considerably the value of the effort being made to eradicate venereal disease.

(*c*) Disposal of Cases.

	Syphilis.		Soft chancre		Gonorrhoea	
	M.	F.	M.	F.	M.	F.
Ceased attending :						
(*a*) Before completing first course of treatment	49	7	..	..	141	5
(*b*) After one or more courses but before completion of treatment	32	11	..	..	..	..
(*c*) After completion of treatment, but before final tests as to cure	16	15	..	..	96	9
Transferred to other centres ..	21	4	..	..	25	3
Discharged after completion of treatment and observation	13	3	17	..	38	14
Under treatment 31st Dec., 1925.....	62	31	..	..	81	9

In-Patient Treatment.

In-patient days numbered 337 in 1925, as compared with 216 in 1924. The details are given in the following table :—

(*d*) In-Patient Treatment.

	No. of In-patient days.	
	Males.	Females.
Syphilis	29	60
Soft chancre	..	..
Gonorrhoea	221	8
Non-venereal diseases	9	10
Total	259	78

Arsenobenzol Compounds.

1,054 doses of these preparations were administered to patients at the clinic during the year, and 176 doses were supplied on request to 8 local medical practitioners who had been approved.

Pathological Examinations.

229 specimens were sent to the College of Medicine from the clinic for the Wasserman re-action, while 177 examinations of pathological material were made at the clinic, a considerable decrease on the figures for 1924.

Examinations for	spirochetes	5
,,	gonococci	156
,,	other organisms	16

The following table shows the number of specimens from South Shields residents examined at the College of Medicine. The figures include specimens sent by other clinics and hospitals, and those sent by 11 private practitioners, 8 of whom were South Shields doctors.

Source of Material.	Nature of Examination.	
	Wassermann Re-actions.	Micro-scopical.
South Shields V.D. Clinic	200	..
Newcastle V.D. Clinic	36	..
Sunderland V.D. Clinic	..	..
Tynemouth V.D. Clinic	..	..
Harton Hospital, South Shields	12	..
Ingham Infirmary, South Shields	5	..
Newcastle Nose and Throat Hospital	1	..
Private Practitioners (11)	59	..
Total	313	..

Propaganda.

No organised propaganda was undertaken during 1925 apart from the exhibition of posters in public conveniences These are renewed at intervals as is found to be necessary.

South Shields Cases treated at other Centres.

The following table shows the number of South Shields residents treated at other centres The total number of new cases was 42, being a decrease of 2 as compared with the previous year.

	Newcastle.	Sunderland.	Tynemouth.	West Hartlepool.	Seamen's Hospital, Greenwich.	Miller General Hospital, Greenwich.	Total.
(*a*) Number of persons dealt with during the year for the first time, and found to be suffering from :—							
Syphilis	11	1	..	..	1	..	13
Soft chancre	..	..	..	..	..	..	..
Gonorrhoea	8	2	1	1	9	..	21
Non-venereal diseases	6	1	..	..	1	..	8
(*b*) Total attendances at out-patient clinic	226	15	6	1	188	5	441
(*c*) Aggregate number of "In-patient Days"	..	..	..	..	120	..	120
(*d*) No. of doses of Arsenobenzol compounds given in :—							
(i.) Out-patient clinic	42	6	2	..	4	..	54
(ii.) In-patient department	..	..	..	..	10	..	10

MATERNITY AND CHILD WELFARE.

Notification of Births.

The number of births reported to the Health Department during 1925 was 3,009, as under :—

(*a*) Notified under the Notification of Births Acts :		
by midwives	1,718	
by doctors	433	
by relatives and others	110	
		2,261
(*b*) Reported by local Registrars (not previously notified)		748
Total		3,009

This total is exclusive of 76 still-births (52 notified by midwives, 21 by doctors, and 3 by parents).

The fact that in Harton and Westoe Cemeteries 99 still-born children were buried in 1925 shows that all cases are not notified to the Health Department.

The still-births notified amounted to 2.6 per cent. of the total registered live births, as against 2.5 per cent. in 1924, 2.8 per cent. in 1923, and 3.7 per cent. in 1922.

Infant Mortality.

The number of deaths during 1925 among infants under one year was 340.

The principal causes of death were :

Ante-Natal	Premature Birth	76
	Debility	31
	Malformation, atelectasis and birth injuries	21
	Syphilis	3
		131

Post-Natal	Bronchitis	50
	Pneumonia	47
	Gastro-intestinal disorders	31
	Convulsions	25
	Whooping cough	23
	Measles	5
	Tuberculosis	6
	Other causes	22
		209

Infant mortality rate	114
Neo-natal mortality rate (under 4 weeks)	49
Infant mortality rate in illegitimate infants	169

There is an increase in the infant mortality rate of 12 per 1,000 births as compared with the rate for 1924. This result is almost wholly accounted for by the alarming increase in infant deaths during the first four weeks of life. Deaths during this period are caused by adverse influences operating on the child before birth or injury at birth. To ensure a reduction in the neo-natal mortality, ante-natal supervision of the mother and an efficient midwifery service are imperative. An ante-natal clinic was established in June, 1924, and sessions were held weekly in 1925. The expectant mothers who attended the clinic were visited regularly by the Health Nurses. The standard of the health of the mothers seen at the clinic was very low, the effect of the long-continued period of industrial distress with insufficiency of the right kind of food.

In view of the fact that the majority of deaths during child-birth are avoidable, the mothers are being instructed in the necessity of seeking advice during pregnancy. The midwives of the town and the Health Visitors are co-operating in this work.

Among the post-natal causes in children over one month old, when bad environment has had its effect, acute respiratory diseases, such as bronchitis and pneumonia, are the chief enemies of infant life. Overcrowding is conducive to the spread of catarrhal infections which rapidly develop into pneumonia in the infant.

The decrease in the death-rate from gastro-intestinal disorders is satisfactory. The instruction in feeding given at the clinics and by the Health Visitors should do much to improve this, and

intestinal diseases are much rarer in breast-fed children. The provision of milk for necessitous expectant and nursing mothers is no doubt helping to make mothers feed their babies by natural means.

Whooping cough was the cause of death of a large number of infants in the first half of the year. Convulsions accounted for 25 deaths.

The highest infant mortality rate was in the second quarter of the year, when it reached the alarming figure of 147 per 1,000 births. The lowest was in the third quarter, when it fell to 72 per 1,000 births. Tables 7 and 8, on pages 69 and 70, give further details of the causes of death.

For every 212 infants born, one mother lost her life in consequence of the risks of child-bearing.

Of the six deaths from puerperal fever, three were from septicaemia following abortions.

Ward Distribution of Infant Deaths.

St. Hilda Ward had the highest infant mortality, showing an increase of 23 per cent. over 1924. Laygate came second with an increase of 11 per cent. Shields Ward was next in order, but showed a decrease of 6 per cent. West Park, which had the lowest infant mortality for 1924, trebled its infant mortality as compared with the previous year. Holborn and Rekendyke were fifth ; the first showed a decrease of 4 per cent., while the second showed an increase of 25 per cent. Simonside was sixth and trebled its rate of 1924. Tyne Dock was seventh in order with 70 per cent. increase. Hadrian eighth, with an increase of 12 per cent. Victoria was ninth with a decrease of 8 per cent. Deans was 10th, with decrease of 9 per cent. ; Bents eleventh, increase 15 per cent. ; Beacon twelfth, decrease 20 per cent. ; Westoe, from being the third highest in 1924, takes thirteenth place, with an improvement of 59 per cent. Harton Ward has the lowest infant mortality rate, and repeats its achievement of last year, reducing its rate 50 per cent.

As the yearly rates in the Wards are based on small numbers which fluctuate from year to year, a more comprehensive view of the subject will be obtained from the following table, which gives the average rate of infant mortality in each of the Wards for the years 1921 to 1925, viz. :—

Ward.	Average Rate, 1921-1925.
Holborn	140
Shields	135
St. Hilda	114
Laygate	111
Rekendyke	108
Tyne Dock	102
Victoria	99
Deans	96
Simonside	90
Beacon	89
Hadrian	81
Bents	81
West Park	76
*Harton	72
Westoe	68
Whole Borough	100

* Four years, 1922-1925.

Deaths of Mothers during Labour and Puerperium.

Fourteen deaths occurred from the following causes :—

Puerperal fever	6
Puerperal haemorrhage	3
Puerperal convulsions	4
Puerperal syncope	1

This is equal to a rate of 4.7 deaths of mothers per 1,000 births, as compared with 5.2 in the previous year. The rate for England and Wales was 4.08 in 1925 and 3.90 in 1924.

Inspection of Midwives and Administration of the Midwives Acts.

During 1925, 34 midwives notified their intention to practice in the Borough. Of these, 32 hold the certificate of the Central Midwives Board and two are untrained. At the end of the year there were 33 practising midwives, one having left for Canada. Six commenced practice, three belonging to Jarrow, one new to the town, one returned to town, and one acted for a relative in emergency but does not practice. The midwives attended 1,541 or 50 per cent. of the cases.

There were four suspensions from practice during the year, two on account of having nursed cases of puerperal fever, and two on account of the presence of scarlet fever in their homes.

Several minor infringements of the rules of the Central Midwives Board were dealt with by the Medical Officer of Health or by the Maternity and Child Welfare Committee, but there were no penal proceedings.

The Inspector of Midwives advises the midwives on points of difficulty, and encourages co-operation between them and the Health Department staff. It is gratifying to note that this co-operation is becoming more cordial.

The Inspector paid 270 routine visits to midwives, and 36 special inquiries were made. She also interviewed midwives on 27 occasions at the Health Department.

Each of the practising midwives was supplied with copies of the new rules, and the circular on pemphigus of the Central Midwives Board.

Notifications from Midwives.

The following notifications from midwives were received during 1925, in accordance with the Central Midwives Board Rules :—

Sending for medical help (322 causes of illness) ..	318
Still-birth notifications	28
Deaths of infants.....	16
Deaths of mothers	1
Artificial feeding	19
Infectious cases	7
Laying out of dead body.....	3
Intention to practice	34

The reasons assigned by midwives for calling in medical assistance were in 197 cases concerned with the condition of the mother, and in 125 with the condition of the child. In the case of the mothers the chief causes were :—

Difficult labour and malpresentations	106
Abortion or miscarriage	13
Increased pulse and/or temperature.....	15
Perineal rupture	15
Retained placenta	7
" Haemorrhage "	10
Placenta praevia	1
Influenza	1
Eclampsia	6
Other conditions	23

With regard to the infant the chief conditions for which medical help was summoned were :—

Feebleness and prematurity	45
Inflammatory condition of eyes	24
Stillbirths	23
Deformities and malformations	15
Convulsions	4
Skin eruptions	3
Other conditions	10

The doctors who were called in to these emergencies rendered their accounts to the local supervising authority in 177 cases compared with 188 in 1924. The fees claimed amounted to £233. The authority decided to endeavour to recover £102 from 85 of these cases, but the amount actually recovered during the year was only £46.

Some of the accounts from doctors received during 1925 were outstanding from the previous year.

The following is a report made to me by Dr. Jamieson.

Municipal Infant Welfare Centres.

As was stated in the Annual Report for 1924 the existing clinics at the Town Hall and St. Hilda School were found to be inadequate for the needs of the town, being too far distant from the densely populated districts of High Shields and Tyne Dock.

In April, two new centres were opened by Councillor Druery, J.P., Chairman of the Maternity and Child Welfare Committee, on the 21st, at the Stevenson Memorial Hall, John Williamson Street, and on the 24th, at St. Mary's Church Hall, Tyne Dock.

At the opening meetings the Medical Officer explained the objects of Child Welfare Centres. Thereafter one session has been held weekly at each of the new centres, two sessions at the Town Hall, and one session at St. Hilda's School. In addition, an antenatal clinic was held every Friday evening at the Town Hall.

The following is a summary of the attendances :—

	Town Hall.	Laygate.	Tyne Dock.	St. Hilda.	Total.
No. on Register—					
Infants	780	327	295	171	1,573
Expectant Mothers	131	..	..	..	131

No. of Attendances—					
Infants	4,021	1,655	1,894	1,057	8,627
Nursing Mothers	140	64	60	31	295
Expectant Mothers ..	308	..	..	..	308
Average attendance per session—					
Infants	33	49	56	21	34
Nursing Mothers	1	2	2	1	6
Expectant Mothers ..	6	..	..	..	6

966 infants were treated for minor ailments. Health talks were given at the clinics by the nurses during the consultations.

The effects of the prevalence of unemployment are seen in the poor nutrition and clothing of the majority attending the clinics. This is specially marked in the case of many of the mothers and children from one to five years. The first is particularly regrettable since a healthy infancy and childhood is only possible if the health of the mother is satisfactory.

With the present staff it is impossible to hold special clinics for and undertake the health visiting of children 1—5 years, and thus there results a break in the continuity of medical supervision. Malnutrition opens the door to infection, and a large number of such children who accompanied their parents to the clinics were noted to be suffering from respiratory and intestinal diseases. 70 cases of severe rickets were discovered.

Much ill-health is caused in the mothers and young children by carious teeth, and it would be most beneficial if dental treatment could be provided for them.

The illnesses and diseases found in the infants attending the clinics are summarised in the following table :

	Town Hall.	Lay-gate.	St. Hilda.	Tyne Dock.	Total.
Respiratory diseases	140	51	54	38	283
Digestive disorders :					
Diarrhoea	41	22	21	24	108
Malnutrition	8	3	6	3	20
Rickets	42	10	13	5	70
Eye diseases	15	5	3	2	25
Ear diseases	10	12	15	15	52
Skin diseases	126	33	40	22	221
Other diseases	88	37	23	39	187
Total	470	173	175	148	966

Ante-Natal Clinic.

No. on Register :

Expectant mothers	114
Not pregnant	17
Total	131

No. of Attendances :

	1st	Subsequent.	Total.
Expectant mothers	114	173	287
Non-pregnant	17	4	21
	131	177	308

Of the non-pregnant women who attended the centre, two had suffered from miscarriage, and were anxious to have living children. Two were suffering from post-natal trouble. The remainder asked advice for gynaecological conditions and were referred to their own doctors or to the infirmary.

Two cases of contracted pelvis were admitted to the Princess Mary Maternity Hospital, Newcastle. Two cases were referred to the Tuberculosis Medical Officer, and one to the Venereal Diseases Medical Officer.

The following is a summary of the defects found :

Dental caries	52
Anaemia	38
Digestive orders	7
Malnutrition	23
Respiratory disease	21
Heart disease	9
Varicose veins	25
Oedema	19
Ovarian cyst	1
Otitis media	1
Rachitis	1

Of the mothers who attended for ante-natal supervision 65 births were subsequently reported to the Health Department, 1 still-birth, and 2 abortions.

Supply of Milk.

Under the scheme approved by the Ministry of Health, the following quantities of milk, free or below cost price, were distributed through the Health Department :—

Fresh Milk	34 gallons.
Dried Milk	26,555 lbs.

The total number of applications for free milk granted during the year was 1,340, of which 1,208 were new cases, and 324 expectant mothers.

In addition to the free milk, 12,930 lbs. of dried milk were sold at prices slightly above cost price. The total quantity of dried milk dealt with at the Health Department was thus nearly 18 tons.

The great increase in the distribution of free milk and the decrease in the sale of dried milk is due not only to the general industrial depression, but to the fact that there had been a local coal dispute since July.

Ophthalmia Neonatorum.

Twenty-seven cases of ophthalmia neonatorum were notified during 1925, as compared with 19 in the previous year, and an average of 26 for the five years, 1921 to 1925. Ten cases were notified by midwives and 14 by doctors (in one instance the doctor had been called in by a midwife). Three cases were reported by both midwife and doctor.

The following table shows the condition of the eyes with regard to vision at the end of the year :—

Cases.			Vision unimpaired.	Vision impaired.	Total Blindness.	Deaths.	Left the town.
Notified.	Treated.						
	At home.	In hospital					
27	27	..	24	..	..	2	1

Three of the cases were treated at the out-patient department of the Ingham Infirmary. The two deaths were due to bronchitis, and it was ascertained that the eyesight of the child who left the town was unimpaired.

In addition to the cases of ophthalmia, 11 other babies suffering from " discharge from the eyes " were reported by midwives as called for in the rules of the Central Midwives Board. The Health Visitors also kept these children under observation, and they report that in 10 cases no defect in sight occurred. The other baby died in the course of the year from bronchial catarrh.

The midwives are still supplied on request with collosol argentum free of charge, for use in their practice.

Puerperal fever.

Four cases of puerperal fever were notified, and 2 of these patients died.

Two of the cases occurred in the practice of doctors ; one other had been delivered by a " handy woman " and the fourth case was in the practice of a midwife who had called in medical assistance in a difficult labour (hydrocephalus).

In addition to the two deaths referred to above four other deaths occurred from puerperal septicaemia, three following abortion. These four cases were not notified.

Home Visiting.

The following table summaries the work of the health visitors in relation to the Council's maternity and child welfare scheme. Visits in connection with tuberculosis, the school medical service, and regarding non-notifiable infectious diseases are referred to in the respective sections of the annual report.

No. of visits paid : first visits (after notification of birth) ..	3,106
subsequent visits	5,616
,, children breast fed (at first visit)	about 93 per cent.
,, visits *re* still births	74
,, ,, ,, infant deaths	222
,, ,, ,, cases of puerperal fever	3
,, ,, to expectant mothers : first visits	365
subsequent visits	78
,, ,, *re* applications for free milk.....	1,104
,, ,, ,, emergency midwifery cases	201
Other visits	89

Work of Voluntary Agencies.

There were no special lectures in " Baby Week," but during the year lectures were given by the Medical Officers and Nursing Staff to various public meetings.

TABLE 7.—DEATHS DURING 1925 OF INFANTS UNDER ONE YEAR: CAUSES AND AGES.

Causes of Death.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 4 Weeks.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under 1 Year.
All Causes: Certified	87	21	17	16	141	45	53	40	52	331
Uncertified	3	1	..	..	4	..	2	1	2	9
Smallpox	..	..	..	..	..	..	..	..	..	..
Chickenpox	..	..	..	..	..	..	..	..	..	..
Measles	..	..	..	..	..	..	..	1	4	5
Scarlet fever	..	..	..	..	..	..	..	..	..	..
Whooping cough	..	..	1	..	1	..	8	6	8	23
Diphtheria and croup	..	..	..	..	..	..	..	..	..	..
Erysipelas	..	..	..	..	..	..	..	..	..	..
Tuberculous meningitis	..	..	..	..	..	..	..	..	1	1
Abdominal tuberculosis	..	..	..	..	..	..	1	..	1	2
Other tuberculous diseases	..	..	..	..	..	1	..	1	1	3
Meningitis (*not tuberculous*)	..	..	..	..	..	..	2	2	1	5
Convulsions	4	1	1	2	8	4	6	2	5	25
Laryngitis	..	..	..	..	..	..	..	..	..	..
Bronchitis	..	1	1	1	3	13	13	7	14	50
Pneumonia (all forms)	..	..	2	..	2	9	9	14	13	47
Diarrhoea	..	..	..	..	..	..	2	1	1	4
Enteritis	2	1	1	1	5	2	8	2	4	21
Gastritis	1	1	..	1	3	..	1	2	..	6
Syphilis	..	1	1	1	3	..	..	..	..	3
Rickets	..	..	..	..	..	..	..	..	..	..
Suffocation, overlying	1	..	..	1	2	..	..	..	..	2
Injury at birth	2	1	..	..	3	..	..	..	..	3
Atelectasis	4	1	1	1	7	..	..	..	..	7
Congenital malformations	3	1	2	1	7	2	1	..	..	10
Premature birth	52	9	2	4	67	9	..	..	..	76
Atrophy, debility & marasmus	17	4	4	3	28	2	1	..	..	31
Other causes	4	1	1	..	6	3	3	3	1	16
Total	90	22	17	16	145	45	55	41	54	340

Net Births in the Year:—

Legitimate 2,852

Illegitimate..... 124

Net Deaths in the Year:—

Legitimate Infants.... 319

Illegitimate Infants .. 21

TABLE 8.—DEATHS DURING 1925 OF INFANTS UNDER ONE YEAR: CAUSES AND WARD DISTRIBUTION.

Causes of Death.	WARDS.															Total.
	Shields	Beacon	St. Hilda.	Hadrian	Holborn	Laygate.	Victoria.	Bents	Rekendyke.	Westoe	Deans	Tyne Dock.	Simonside.	West Park.	Harton.	
All Causes—																
Certified	31	17	25	17	29	37	27	11	32	8	21	32	20	20	4	331
Uncertified	2	...	...	...	1	2	...	1	1	1	...	...	1	...	...	9
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chickenpox	...	..	...	...	...	...	...	..	...	...	...	...	...	...	...	...
Measles	1	...	...	1	...	..	1	...	...	...	2	...	...	...	...	5
Scarlet fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping cough	...	1	4	...	4	2	3	2	1	1	2	2	...	...	1	23
Diphtheria and croup	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous meningitis	...	...	...	...	...	...	...	...	...	...	...	..	1	...	...	1
Abdominal tuberculosis	1	...	...	...	...	...	...	...	...	...	...	...	..	1	...	2
Other tuberculous diseases	...	...	1	1	...	...	...	...	...	1	...	...	..	...	...	3
Meningitis (*not tuberculous*)	...	...	...	...	...	1	...	1	1	...	1	...	...	1	...	5
Convulsions	1	...	2	...	2	7	1	...	2	2	...	5	1	2	...	25
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	5	2	1	1	5	5	5	4	6	...	2	5	6	2	1	50
Pneumonia (all forms)	4	2	6	3	6	6	3	1	8	...	2	2	2	1	1	47
Diarrhoea	...	...	...	...	1	...	...	...	1	...	2	...	...	...	...	4
Enteritis	1	...	1	2	1	3	2	1	3	1	1	3	1	1	...	21
Gastritis	...	...	...	...	...	2	1	...	1	...	...	...	...	2	...	6
Syphilis	1	...	...	...	1	...	1	...	...	...	...	...	...	..	...	3
Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Suffocation, overlying	1	...	...	...	..	...	1	...	...	...	...	...	...	...	...	2
Injury at birth	1	...	1	...	1	...	...	...	...	...	...	...	...	...	...	3
Atelectasis	1	1	...	1	...	..	...	2	1	...	...	1	...	...	...	7
Congenital malformations	...	...	...	3	1	1	1	...	1	...	1	1	..	1	...	10
Premature birth	14	5	6	3	4	7	8	1	6	2	5	8	2	5	...	76
Atrophy, debility and marasmus	1	2	2	1	3	3	...	...	2	2	2	4	7	2	...	31
Other causes	1	4	1	1	1	2	...	...	...	...	1	1	1	2	1	16
Total Deaths under one year	33	17	25	17	30	39	27	12	33	9	21	32	21	20	4	340
Number of Births*	231	213	147	166	214	258	283	145	236	157	245	272	153	141	129	3009
Infant Mortality Rate*	143	80	170	102	140	151	95	83	140	57	86	118	137	142	31	114
Total Deaths at all ages †	147	95	101	133	138	151	142	85	137	107	145	152	98	93	39	1770

* The births dealt with in this table are (*a*) 2261 live births notified under the Notification of Births Acts, and (*b*) 748 registered and not previously notified; including 19 births in Harton Institution among "non-residents" of the Borough. Elsewhere in this report the Registrar-General's figures of births registered during the calendar year have been used for the calculation of birth-rates.

† Includes 9 deaths in Hospitals among persons with no fixed abode.

SCHOOL MEDICAL SERVICE.

STAFF.

The staff of the school medical service remained the same as in 1924 with the addition of a full-time school dental surgeon (Mr. A. Fleming, L.D.S. Eng.) who was appointed in January, 1925, in place of Mr. P. W. Diack L.D.S. who acted as part-time school dental surgeon since 1913, and Mr. George Robertson, L.D.S., who acted in a similar capacity since 1921.

CO-ORDINATION.

Co-ordination of the work of the school medical service with other health services is effected by the principal school medical officer being also medical officer of health and chief tuberculosis officer ; one of the assistant school medical officers is also part-time medical officer under the Council's maternity and child welfare scheme ; the tuberculosis officer is in close co-operation with the school medical service as referred to later in this report ; and the school nurses are also health visitors for maternity and child welfare and in connection with the tuberculosis scheme.

Record cards of the different branches of the health services are readily available for the information of the medical officers.

GENERAL REMARKS.

There has been a slight decrease on 1924 in the number of skin diseases requiring treatment and on the whole an increase in the number of cases of external eye diseases and defective vision.

A summary of the work of the school dental surgeon is given in Table 12 (Group IV.) on page 95. In addition to the 5,951 children inspected by the dentist during the year he was able to re-inspect 3,423 of these children, making a total of 9,374 inspections for the year.

It will be seen that the number of special cases dealt with is large, yet these were treated without interfering with the routine work ; all routine cases who accepted treatment were completed before the end of the year. It has also to be pointed out that in the 714 special cases are included 76 children in attendance at the Open-Air School, who were dentally inspected during the year ; (23 of these children did not require treatment).

It is proposed to add another year to the age-group, making the ages 4, 5, 6, 7, and 8 for routine inspections in 1926.

Of the 5,237 children examined by the school dental surgeon at routine inspections at elementary schools no less than 4,207 (*i.e.*, 80 per cent.) required treatment, of which latter number 858 were actually treated. (This is exclusive of the treatment of "special cases").

It must be conceded that dental defects have a deleterious effect on the general health of the child ; it cannot be doubted therefore that dental treatment with the object of cleansing the mouth and the removal of septic foci is bound to be beneficial to these children in later life. The result of former dental treatment is already bearing fruit, and I am convinced that this is a branch of the school medical serivce which should be encouraged.

With regard to tuberculosis in children of school age, every case in which there is the slightest suspicion of the presence of this disease is referred to the tuberculosis officer who examines, and if necessary, undertakes treatment, or keeps the child under observation until the diagnosis is established or otherwise.

One point of progress in the school medical service is the provision of an Open-Air School. This project has been under consideration since 1918, and became an established fact in June, 1925. It is too early yet to give any definite result, but it cannot be questioned that it will prove an incalculable benefit to many children who might otherwise have lost the greater part of their education.

With regard to the examination of mentally defective children : there are a number who have not yet been examined, but owing to the length of time required for each examination it is difficult to find time to carry out the inspection, and at the same time to keep the other work up-to-date. The question of affording accommodation in day schools for mentally defectives has been under consideration during the latter part of 1925, and while on account of economic circumstances it has not been possible to provide for these children, it is to be hoped that such provision will be made as soon as circumstances will permit ; otherwise many of these children who are merely dull and backward now or who show signs of incipient mental defect may become a burden on the community in years to come. The provision of a residential school for more serious cases should also be considered, probably in conjunction with neighbouring authorities, as the placing of mentally defective children in special schools is rapidly becoming a serious problem on account of the shortage of places for these cases, and I am of the opinion that with the co-operation of other authorities, the scheme could be administered economically and efficiently, and at the same time there would be more or less direct control over South Shields cases.

The accommodation at the school clinics is inadequate. It is not uncommon to find about 100 children and parents in the waiting room, the dimensions of which are 30 feet by 10 feet; and at the same time both the nurses' rooms in which dressings are done and various medicaments supplied are also crowded. Both assistant school medical officers and a clerk have to work in one room on clinic mornings. The system as at present arranged is, to say the least of it, not conducive to good work, and further, cases of severe infectious disease, such as scarlet fever, diphtheria, chickenpox, measles, and even smallpox have been found in the waiting room.

This lack of clinic accommodation is a serious handicap to the school medical service.

The following is a report made to me by Dr. B. R. Nisbet, assistant school medical officer, and as regards dental inspection and treatment, by Mr. Fleming, the school dental surgeon.

(A.) THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

General Hygienic Conditions of Schools:

In the case of all the schools but one the sanitary condition remains the same. In Baring Street School the sanitary arrangements were brought up-to-date by the installation of pedestal water closets, which are supplied continuously with water from a trough system—a great and obvious advantage in a school where the system is apt to be strained unduly at certain hours of the day. In addition the urinal accommodation and wash-basins have been modernised.

Medical Inspection:

Number of children on the registers at the end of 1925	21,845
Average attendance for the year (90.3 per cent.)	19,501
Number of elementary schools	26
Number of departments	57

(1) ROUTINE MEDICAL INSPECTIONS.

No. of Code Group Inspections:

These inspections fall into three groups (the numbers for 1924 are given for comparison):—

	1925.	1924.
(*a*) Entrants (ages 5—6)	2,407	2,297
(*b*) Intermediates (ages 8—9)	1,877	1,919
(*c*) Leavers (ages 12—13)	2,432	2,596
Total	6,716	6,812

The same preliminary routine of notification of parents for these inspections is observed as was described in last year's report. All the children due for inspection in these code groups were examined.

69 per cent. of the parents attended at inspections. The figure for last year was 68 per cent. It is very gratifying that the percentage of parents attending the inspections remains so high.

(2) OTHER INSPECTIONS.

	1925.	1924.
No. of special inspections	4,682	4,275
No. of re-inspections	7,388	6,694
Total	12,070	10,969

Under special inspections are children who have been referred to the clinic by doctors, nurses, head teachers or attendance officers. When special cases are seen on any occasion subsequent to the first, the visit is classed as a re-inspection.

The number of such cases is very large, and continues to increase. The clinic premises are quite inadequate, as has been pointed out in past reports. During the year, more seating accommodation in the waiting-room was provided. Nothing further to relieve matters was done.

Findings of Medical Inspection :

Uncleanliness.—The method of dealing with uncleanliness when found was the same as described in last year's report. Broadly speaking at the first survey by the school nurses, one child in every twelve was found unclean—a slight improvement on the figure for the previous year. During the latter part of the year when the nurses completed their second survey, it was found that roughly one child in seven was unclean. During the year 27,629 examinations were made by the school nurses at the schools.

Tonsils and Adenoids.—The number of children observed to be suffering from abnormal conditions of the tonsils or adenoids was :—

Enlarged tonsils only	1,019
Adenoids only	196
Enlarged tonsils and adenoids ..	426

Tuberculosis.—The same relations were maintained during 1925 with the tuberculosis department as in the previous year. During 1925, 102 children of school age were referred for examination by the tuberculosis officer. 22 cases were diagnosed by him as suffering from definite tuberculosis, and 41 cases were marked as suspicious.

Skin Diseases.—Impetigo, septic sores, scabies, and ringworm form the great majority of the cases found to require treatment.

External Eye Disease.—As in previous years, by far the commonest defects found were either an inflammation of the lids, or a conjunctivitis, *i.e.*, an inflammation of the inner surfaces of the lids and the white outer covering of the eyeball.

Defective Vision.—814 cases of defective vision and 49 cases of squint were detected at the routine and special examinations and referred for treatment. The Stanhope Road Myope School is referred to on page 84.

Dental Defects.—At the routine medical inspections, 3,598 out of 6,716 children (54 per cent.) were found to have dental defects.

During the year the department has had the benefit of the services of the whole-time dental surgeon, who commenced duty in January, 1925. His report will be found on page 78.

Crippling Defects.—As far as can be ascertained there are 121 "crippled" children (other than those with active tuberculous disease). Of these 26 are at no school or institution, 93 are at elementary schools, and 2 are in residential cripple schools.

Other Diseases.—As was stated last year, debility, malnutrition, bronchitis and anaemia, continue to be prominent in the return of defects. Neither the condition of trade, nor the housing question has improved appreciably during the year.

In 1925 a new and efficient scheme for combating a great many of these troubles was started. This took the form of an Open-Air School situated at Cleadon, and accommodating just over 100 children. Further details of the inception of the school are given on page 84.

Previous Infectious Fevers.—Information obtained at routine inspections showed that :

40.8	per cent.	of	children	had	previously	had measles.
24.9	,,	,,	,,	,,	,,	whooping cough.
13.0	,,	,,	,,	,,	,,	chickenpox.
6.4	,,	,,	,,	,,	,,	scarlet fever.
1.0	,,	,,	,,	,,	,,	diphtheria.

Vaccination.—The percentage of children at routine inspections found to be unvaccinated was :

In	1920	27 per cent.
,,	1921	34 ,,
,,	1922	40 ,,
,,	1923	44 ,,
,,	1924	45 ,,
,,	1925	49 ,,

The last named figure is very serious, especially in view of the fact that in December smallpox was diagnosed in six children in attendance at two of the council schools. Having regard to the above figures, one cannot wonder if the borough is subjected to a serious epidemic during the coming year.

Infectious Diseases.—The number of cases of acute notifiable infectious diseases in children of school age in the Borough in 1925 was as follows :

Scarlet fever	264
Diphtheria	26
Influenzal pneumonia	3
Acute primary pneumonia	79
Enteric fever	7
Erysipelas	1
Poliomyclitis	1
Smallpox	6

The number of exclusions from school due to cases of scarlet fever was very much less than in the previous year when this disease was epidemic in the town. Influenza did not affect school attendance to anything like the same extent as in 1924, but more cases of pneumonia were notified in school children than in the previous year (82 as against 63) and whooping cough was prevalent in the first half of 1925.

It was not necessary to resort to school closure on any occasion during the year on account of any prevailing infectious disease.

Medical Treatment

The number of individual children who attended the general clinics was 3,803. The total number of attendances at the clinics was 17,004; 2,790 children received treatment at the general clinic. Further details of treatment are as follows.

Minor Ailments.—Under this heading falls such conditions as cuts, sprains, bruises, sores and warts. Treatment consisted of advice, dressings and applications.

Tonsils and Adenoids.—The number of children who received operative treatment at the Wesley Street Clinic was 129. In addition six children received operative treatment at home or in hospital. The results of this form of treatment in suitable cases have been excellent.

In the less severe cases, treatment by means of breathing exercises and gargles has continued. There is no doubt that in all but very bad cases, the non-operative method produces good results, provided that the parents see that it is carried out regularly over several months.

Tuberculosis.—During the year 31 school children have been treated by means of the ultra-violet rays (Mercury Vapour Lamp). Five cases treated were tuberculous conditions of the bones and joints. Of these 2 were improved, 2 were cured, and 1 was admitted to the Royal Victoria Infirmary. Seventeen cases treated were tuberculous gland cases. Of these 15 were improved and 2 cured. Eight cases of lupus were treated (7 improved, 1 subsequently admitted to Stannington Sanatorium). One case of abdominal tuberculosis was improved.

Skin Diseases.—The numbers of the main skin conditions treated at the Clinic were as follows:—

Ringworm of the scalp	128
,, ,, body	84
Scabies	46
Impetigo	528
Other skin conditions	636

As regards ringworm of the scalp, 14 cases were treated by means of x-rays. The remainder were treated by local applications. During the latter part of the year collosol iodine oil was used in a certain number of cases. The value of this method of treatment was in our experience just about the same as the iodine and mercury and sulphur ointment treatment which was mostly used in 1924.

The number of cases of scabies was slightly less than in the previous year. Instead of sulphur inunction, routine painting with liquor calcis sulphurata was tried. The results with this have been extremely good, the sulphur in this form penetrates much more deeply and quickly and the cases clear up in a relatively shorter time than is the case when inunction is used.

The number of cases of impetigo and other skin conditions is rather less than in 1924, but is still very high.

Ear Diseases.—Most of these cases were of discharging ears, the result of middle ear disease, and frequently secondary to adenoids and other conditions, *e.g.*, measles. These cases require attention for long periods, and frequently become chronic owing, in many cases, to the inaccessibility of the pus. It is hoped that it may be possible to have these cases treated by zinc ionization before long. In addition many cases of impacted wax were treated.

Dental Defects.—These are dealt with in the report by Mr. Fleming, the school dental surgeon, given below.

In connection with the treatment carried out by the school dentist, 100 general anaesthetics were administered by one of the assistant school medical officers.

Report of the School Dental Surgeon.—"It was found that 80 per cent. of the children inspected required treatment for dental defects, of whom about 150 had septic mouths, the remainder requiring fillings or only one or two extractions. Of these, only 20 per cent. attended for treatment, whilst 1.4 per cent. refused treatment or sent word to the effect that they would be treated privately. The total number who actually received private treatment will be ascertained in the course of inspection in 1926. The number of acceptances of treatment as a result of the first routine inspection during the year was not very good, but after the re-inspection some months later, the acceptances increased considerably, many parents accepting after having refused at the first inspection.

Of 76 children attending the Open-Air School, the ages ranging from 8 to 14 (inclusive), 53 required treatment, this being a smaller percentage than in the other schools and due, no doubt, to the fact that some of these children had been treated in previous years. Only two had septic mouths, the remainder requiring very little treatment, such as one or two fillings or extractions. Children recommended for the Open-Air School now have their teeth attended to before entering the school.

Although 4,207 children required dental treatment, there were 3,320 who took no notice of the letter sent them stating the condition of the teeth. These patients, however, readily attend for treatment when pain from carious teeth is experienced ; after the first visit to the dental clinic, there is no difficulty in persuading these patients to attend again if necessary.

In many cases the care of the teeth has been neglected after leaving school, and there have been numerous requests from adults for treatment at the school dental clinic, the majority of these being expectant and nursing mothers (unable to afford treatment by a private dentist) and in every case it was found on examination that the mouth was in a septic condition, but treatment could not be given as the dental clinic is for children only. Were a scheme adopted for the examination and treatment of expectant and nursing mothers, it would certainly bring about a healthier state by eliminating the source of the toxins producing the ill effects not only to the mothers but through them to the children. This treatment would, at the same time, convince the parents of the necessity of taking care of the teeth in order to prevent decay, instead of waiting for them to decay just to be extracted.

In order to produce the best results, there are several points which should be emphazised. These are :—

(1) The giving of the correct diet to the child, *i.e.*, food of a fibrous nature, which requires mastication and so strengthens the muscles of mastication and assists the growth of the jaws. Well formed jaws are essential to well formed teeth. Parents often complain of the child " sucking " the food instead of chewing ; this practice should be immediately stopped, as it tends greatly to the production of dental caries ; in fact, every patient of whom " food sucking " was a habit when seen at the dental clinic required multiple extractions and an antiseptic mouthwash for use at home.

(2) Nose-breathing—Correct breathing (*i.e.*, through the nose) is an important, though often a neglected feature, necessary to a good dentition. Children with adenoids causing mouth breathing, have, in 90 per cent. of cases, irregularities of the teeth in addition to caries ; this is due to lack of development of the upper jaw, so producing over-crowding of the teeth.

(3) Care of the Teeth.—The use of the tooth brush should be taught every child as cleanliness of the mouth and teeth is necessary, in addition to the points mentioned above for a sound and healthy dentition, and is almost the only way in which the average person can lessen the incidence of caries. There is a

great deal of truth in the saying "Clean teeth never decay." Instruction in the correct use of the tooth brush and the evil effects of not using it are given to both parents and patients at the dental clinic, whilst in the schools we have the co-operation of the teachers.

The difficulties encountered during the year were chiefly the apathy of many parents towards treatment, believing temporary teeth require no treatment as they will "fall out" later; others blame the use of the tooth-brush for causing their decayed teeth, whilst a few consider the dental clinic is used for "experimental" work. Needless to say these impressions are totally incorrect, but after a short talk with the parent, pointing out, among other things, that the treatment is suggested for the child's good, then the treatment, without exception, has been accepted.

It is intended that pamphlets be sent from the clinic to the parents or guardians of the children explaining the care of the teeth and use of the toothbrush,and also why it is necessary to keep the mouth healthy."

Vision.—541 cases were submitted to refraction by the school medical officers at the clinic and 5 by private practitioners. Spectacles were prescribed for in 494 cases at the clinic, and glasses were supplied to 398 children through the Education Authority's scheme. 254 pairs were supplied free, and the remainder at cost price in accordance with the scale of income adopted with the approval of the Board of Education. Five children secured spectacles privately.

The parents were asked to bring the children back after they had had glasses fitted by the optician. Most of the parents complied with this request, and the glasses were found to be very satisfactory. Occasionally one was sent back to have some slight adjustment made.

The following table gives the incidence of the various errors of refraction found :—

Hypermetropia	21	per cent.
Myopia	7	,,
Simple hypermetropic astigmatism	4	,,
Simple myopic astigmatism	3	,,
Compound hypermetropic astigmatism	29	,,
Compound myopic astigmatism	17	,,
Mixed astigmatism	11	,,
Unclassified	8	,,

The Stanhope Road Myope School is referred to on page 84.

Other Defects.—Treatment of defects other than those referred to in the preceding paragraphs is summarised in the statement given below :—

Disease or Defect.	No. of defects treated.		
	Under the Authority's Scheme.	Otherwise.	Total.
Anaemia and debility	203	11	214
Tuberculosis :			
Pulmonary : Definite	8	..	8
Suspected	66	1	67
Non-Pulmonary	30	2	32
Lung disease (not tuberculous)	294	11	305
Enlarged glands	117	2	119
Acute infectious diseases	22	9	31
Heart diseases	15	12	27
Diseases of nervous system	9	8	17
Gastro-enteritis	13	4	17
Threadworms	31	..	31
Rheumatism	8	4	12
Enuresis	11	1	12
Influenza	2	1	3
Other defects and diseases	36	18	54
Total	865	84	949

Treatment of Uncleanliness.—This year, two complete surveys were made at most of the schools by the nurses. The number of children examined in this way is shown in Table 12 (group V.), on page 96, and other particulars will be found there. For the same reason as in the previous year it was impossible to get the second survey completed in certain schools.

It will be observed that about 10 per cent. were dirty or affected with vermin or nits. These children were re-inspected at short intervals, and in four cases notices were served on the parents under Section 87 of the Education Act, 1921, after informal warnings had been given. It was not found necessary in any case to resort to compulsory cleansing. In some cases, on account of home circumstances, and to help the parents, disinfection of bedding, etc., was offered and accepted.

Physical Training.—The medical officers, in special cases, recommended the modification of routine physical training, where necessary. The children in the Myope School are not required to do exercises involving physical strain about the head, stooping exercises, etc. Also, when they are having their swimming lessons, they are not allowed to dive.

Provision of Meals.—873 children were provided with free meals during the year at a cost of £1,247 12s. 6d., the number of meals being 59,886. There are now three feeding centres in the town and one meal—dinner—is given. The school medical officers visited the centres frequently during the year, and found on each occasion the food to be suitable in quality and quantity. This year the number of meals given was nearly three times as great as in 1924.

School Baths.—One school is provided with baths. During 1925 school children made 39,375 attendances (boys, 30,549 ; girls, 8,826) at the Derby Street Public Baths under the Education Authority's instructors. The baths were open during the complete year. The numbers are slightly more than in previous years.

Co-operation of Parents.—At the routine medical inspections 69 per cent. of the parents were present. The number of objections to medical inspection was 27 (2 at elementary schools and 25 at secondary schools). The following is a statement of the amounts contributed at the various clinics :—

	£	s.	d.
Eye Clinic	34	0	0
Surgical Clinic	15	4	9
Dental Clinic	61	10	8
General Clinic	13	16	8
Total	£124	12	1

In the previous year the total amount contributed was £108 15s. 3d.

The increase is accounted for by the larger number of children who were dentally treated.

Co-operation of Teachers and School Attendance Officers.—During the year the teachers, by their active interest, assisted the school medical officers a great deal in their work, and special thanks are due to them. With regard more especially to "exceptional children" Mr. Willits and his assistants have given valuable help.

Co-operation of Voluntary Bodies.

Shoeless Children's Fund.—The Chief Constable, Mr. William Scott, O.B.E., who is Honorary Secretary of this fund, informs me that 2,140 children were supplied with boots and stockings during the year. This is an increase of over 500 on the previous year, and is evidence of the economic circumstances of the town.

National Society for the Prevention of Cruelty to Children.—During the past year it was not found necessary to invoke the aid of this Society in legal proceedings, but the Inspector gave assistance in four instances.

Poor Children's Holiday Association.—40 school children were given a holiday in the country under the auspices of this Association, and several others were admitted to the Brough Holiday Home in South Shields.

(B.) BLIND, DEAF AND DEFECTIVE CHILDREN.

The number of exceptional children is given in Table 11, on page 90, classified in accordance with the terms of the Education Act and the Board's Circular No. 1,321 on the subject. As regards mentally defective children, the figures, in spite of the work done in 1925, are not yet comparable with other districts, as there are still many scholars reported in returns from head teachers who have not yet been examined by approved certifying officers on account of the great volume of work required in the school medical service.

During the year, 48 children (28 boys and 20 girls) had a full medical examination of their mental capacity, including an estimation of their mental age by means of intelligence tests. As a result, 21 children were certified under the Education Act as "feeble-minded"—10 boys and 11 girls. Of the 21 examined, 12 were certified as suitable for a special day school, and 9 for a special residential school.

Of the remaining 27, 25 were adjudged dull and backward, (of these, 4 were "borderline" cases, *i.e.*, very dull and backward), 1 semi-mute and 1 neurotic and unstable. In 12 of the 25 there was some physical defect which might in part, at any rate, account for the retardation in mental development, and three had more than one defect.

It was recommended that 22 out of the 27 should remain at the ordinary public elementary school, 2 were recommended for the Myope School, 2 for the Open-Air School, and 1 for a special school for dumb children.

From reports of head teachers and subsequent inspections by the school medical officers, there were still remaining at the end of the year 50 children who were awaiting special examination by an approved certifying officer.

In the case of 10 children, no appearance was made when they were requested to attend at the School Clinic for examination.

Myope School.—It is now possible to comment on the work of the Myope School more fully than was done in last year's report.

There are at present 36 children at the school. Of these, 26 are highly myopic, including one case of buphthalmia ; 5 are cases the result of ophthalmia neonatorum ; there are 2 cases of nystagmus (one of which has greatly improved) ; 2 of congenital cataract and one of choroidal atrophy.

The school has been in existence for nearly two years now, and it is gratifying to find that in the case of about 70 per cent. of the scholars who have attended for varying periods of from 12 to 20 months, the pathological condition of their eyes is either stationary or slightly improved. In the other 30 per cent. the condition of the sight is slightly worse than on admission, but in no case is this change great in amount. The cause of this is either the child has had a severe illness, *e.g.*, pneumonia, or his glasses have been broken and the parents have neglected to have them repaired, the result being that the child is without glasses for a certain period, thus unduly straining his eyes.

To counteract the latter of these possibilities, it was decided during the year that each child should be recommended to have two pairs of glasses—one to be worn while the other remains in the teacher's desk at school until required. The second pair can be worn during any period when the first pair is being repaired. In nearly every case, this recommendation has been complied with.

It has been possible in the case of one girl pupil, to certify her as fit to return to an ordinary elementary school. In the case of three other pupils, the Education Authority, having considered the family circumstances, allowed them to leave school before reaching the age of 16.

The school during the past year increased in size, until a second teacher became necessary. Both rooms of the Stanhope Road school dining block are now used for teaching purposes. The want of a hall in the premises is felt acutely, as the floor space is greatly limited by the special form of desks used.

The scholars have a complete visual examination twice yearly when a report on their eyes is made, and any cases which the teachers or the assistant medical officer, at his frequent visits to the school, think require investigation in the interval, are dealt with.

Cleadon Park Open-Air Day School.—Early in 1925 a list of physically defective children was prepared and graded by the school medical officers. About 100 children were selected and notified to attend the new Open-Air Day School at Cleadon Park, where teaching commenced on 15th June, 1925. The school which is an extremely useful asset to the school medical service was officially opened by the Mayor (Alderman J. G. Winskell).

The walls of the classrooms consist of folding partitions, which can be thrown open on the less exposed side, so that whatever the weather, the children are taught practically in the open-air.

The staff of the school consists of a head teacher, and two assistant teachers. A resident caretaker assists with the cooking.

In addition a nurse is in attendance at the school daily for the purpose of treating minor ailments. A visit is made by the assistant school medical officer once a fortnight.

Provision is also made for the bathing of the children.

Amongst other things, each scholar has his own cup, toothbrush, hairbrush and towel, and strict attention is paid to the hygiene of the mouth and general cleanliness. No scholar is now admitted to the school below the age of 7, nor until he is certified as free from dental caries by the school dental surgeon.

The scholars are taken to school by car and bus. On arrival they are provided with a plate of porridge and milk prior to morning lessons.

After an interval for recreation, the mid-day meal is served and this is followed by a period of compulsory rest. For this purpose each scholar is provided with a folding couch of the stretcher type and blankets. The older scholars put down the " beds " in the forecourt and a teacher supervises the children during rest.

In the afternoon a further period for lessons is set apart and then the children are taken home by car and bus.

The cases admitted to the school are varied in type. Anaemia, malnutrition and bronchitis are among the commonest. The response to a stay in this school has been remarkable in many cases, and good in all but a very few. It has really been wonderful to watch cases of chronic bronchitis clear up almost completely in a few months.

It is expected that after a stay of from 6 to 9 months, many of the pupils will be able to return to an ordinary elementary school.

(C.) SECONDARY SCHOOLS.

This year again a complete routine inspection was carried out at the higher schools. The standard of physical fitness at these schools was found to be high. Details of the medical findings are given in the tables.

(D.) EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

Three licences were granted during the year under the Employment of Children in Entertainments Rules, 1920.

(E.) MISCELLANEOUS.

Examination of Pupil Teachers and Scholarship Candidates.

48 pupil teachers and bursar candidates were medically examined during the year. Seven were found to have defective vision. 42 scholarship candidates were also inspected ; seven had defective vision.

Visits of School Nurses.

The nurses paid 868 visits to schools in connection with routine medical inspections, special examinations and cleanliness surveys.

They also made 1,211 visits to homes in " following-up " and advising with regard to simple treatment, in addition to visits made regarding cases of measles, whooping cough, etc.

Deaths of Children of School Age.

The following table shows the causes of death during 1925 of children aged 5—14 years.

Cause of Death.	Boys.		Girls.		Total.
	5-9 years.	10-14 years.	5-9 years.	10-14 years.	
Measles	4	..	..	..	4
Scarlet fever	1	..	2	2	5
Whooping cough	1	..	1	..	2
Diphtheria	2	..	..	..	2
Influenza	..	..	2	..	2
Tetanus	..	2	..	..	2
Pulmonary tuberculosis	2	4	4	4	14
Other tuberculosis	5	6	3	3	17
Rheumatic fever	..	1	..	..	1
Encephalitis	..	1	1	..	2
Meningitis	1	1	1	1	4
Infantile paralysis	..	..	..	1	1
Epilepsy	..	1	..	..	1
Chorea	..	..	..	1	1
Idiocy	..	1	..	..	1
Ear disease	..	1	..	..	1
Heart disease	1	..	..	..	1
Laryngitis	..	..	1	..	1
Bronchitis	2	..	..	..	2
Pneumonia	2	3	8	..	13
Gastritis	..	..	1	..	1
Appendicitis	..	..	1	..	1
Peritonitis	..	..	1	..	1
Congenital hydrocephalus	1	..	..	..	1
Injury in mine	..	1	..	..	1
Heart failure	..	1	..	1	2
Total	22	23	26	13	84

ELEMENTARY AND HIGHER SCHOOLS.

TABLE 9.—RETURN OF MEDICAL INSPECTIONS DURING THE YEAR ENDED 31st DECEMBER, 1925.

A.—ROUTINE MEDICAL INSPECTIONS.

	Elementary.	*Higher.*
Number of Code Group Inspections—		
Entrants	2,407	
Intermediates	1,877	630
Leavers	2,432	
Total	6,716	630
Number of other Routine Inspections	..	..

B.—OTHER INSPECTIONS.

Number of Special Inspections	4,682	9
Number of Re-inspections	7,388	24
Total	12,070	33

ELEMENTARY AND HIGHER SCHOOLS.

TABLE 10—(A.) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1925.

Defect or Disease.		Routine Inspections. No. of defects. Requiring treatment. El.	Hr.	Routine Inspections. No. of defects. Requiring to be kept under observation but not requiring treatment El.	Hr.	Specials. No. of defects. Requiring treatment. El.	Hr.	Specials. No. of defects. Requiring to be kept under observation but not requiring treatment El.	Hr.
Skin	Malnutrition	..	..	..	..	20	..	1	..
	Uncleanliness	1	..	126	..	31	..	..	..
	Ringworm—								
	Scalp	3	..	..	..	135	..	..	..
	Body	2	..	..	..	83	1	..	..
	Scabies	3	..	..	..	44	..	..	..
	Impetigo	23	..	67	..	521	..	..	..
	Other diseases (non-tuberculous)	10	..	104	10	637	1	1	..
Eye	Blepharitis	11	..	66	1	91	..	..	..
	Conjunctivitis	12	..	7	..	146	..	..	..
	Keratitis	1	..	..	..	2	..	1	..
	Corneal opacities	..	..	..	..	..	..	..	..
	Defective vision (excluding squint)	604	22	1,021	36	210	3	..	..
	Squint	8	1	150	3	41	..	..	..
	Other conditions	9	..	38	2	77	..	..	..
Ear	Defective hearing	29	1	231	31	41	..	..	..
	Otitis media	12	..	48	..	111	1	..	..
	Other ear diseases	34	3	26	3	36	..	..	..
Nose and Throat.	Enlarged tonsils only	141	2	812	52	65	..	1	..
	Adenoids only	43	2	124	4	28	..	1	..
	Enlarged tonsils and adenoids	262	5	111	4	53	..	..	..
	Other conditions	18	1	73	5	135	..	..	..
Enlarged cervical glands (non-tuberculous)		4	..	767	20	119	..	..	..
Defective speech		1	..	91	2	..	..	..	..
Teeth. Dental diseases		864	22	2,734	214	619	1	..	..

TABLE 10 (A.)—CONTINUED.

Defect or Disease.		Routine Inspections. No. of defects. Requiring treatment. El.	Hr.	Routine Inspections. No. of defects. Requiring to be kept under observation but not requiring treatment El.	Hr.	Specials. No. of defects. Requiring treatment. El.	Hr.	Specials. No. of defects. Requiring to be kept under observation but not requiring treatment El.	Hr.
Heart and Circulation.	Heart disease—Organic	..	..	9	1	6	..	..	..
	Functional	6	..	84	14	26	..	2	..
	Anaemia	24	..	247	54	256	1	39	..
Lungs	Bronchitis	34	1	567	8	238	1	9	..
	Other non-tuberculous diseases	7	..	..	..	152	..	17	..
Tuberculosis.	Pulmonary—Definite	1	..	9	..	14	..	..	..
	Pulmonary—Suspected	6	..	4	..	90	..	66	..
	Non-pulmonary—Glands	1	..	4	..	18	..	1	..
	Non-pulmonary—Spine	..	..	..	..	2	..	..	..
	Non-pulmonary—Hip	1	..	1	..	4	..	1	..
	Non-pulmonary—Other bones & joints	1	..	..	..	4	..	..	..
	Non-pulmonary—Skin	..	..	1	..	5	..	..	..
	Non-pulmonary—Other forms	..	..	2	..	4	..	..	..
Nervous System.	Epilepsy	..	..	3	..	5	..	1	..
	Chorea	1	..	3	..	16	..	..	..
	Other conditions	1	..	11	22	12	..	..	..
Deformities.	Rickets	1	..	30	..	1	..	..	..
	Spinal curvature	..	..	1	3	..	..	..	..
	Other forms	..	..	39	3	10	..	..	..
Other defects and diseases		12	..	172	8	536	..	..	..

TABLE 10.—(B.)—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTIONS TO REQUIRE TREATMENT (excluding uncleanliness and dental diseases).

Group.	Number of Children.				Percentage of children found to require treatment.	
	Inspected.		Found to require treatment.			
	El.	Hr.	El.	Hr.	El.	Hr.
Code Groups :						
Entrants	2,407	..	329	..	13.7	..
Intermediates.....	1,877	..	449	..	23.9	..
Leavers	2,432	..	480	..	19.7	..
Total (Code Groups) :.....	6,716	630	1,258	37	18.7	5.9
Other routine inspections	..	..	..	..	..	..

El.—Elementary. Hr.—Higher.

TABLE 11.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA FOR THE YEAR 1925.

			Boys.	Girls.	Total.
Blind (including partially blind).	(i.) Suitable for training in a school or class for the totally blind.	Attending certified schools or classes for the blind ..	5	..	5
		Attending public elementary schools	..	..	..
		At other institutions	..	..	..
		At no school or institution ..	2	..	2
	(ii.) Suitable for training in a school or class for the partially blind.	Attending certified schools or classes for the blind ..	21	17	38
		Attending public elementary schools	2	1	3
		At other institutions	..	..	..
		At no school or institution ..	..	1	1
Deaf (including deaf and dumb and partially deaf).	(i.) Suitable for training in a school or class for the totally deaf or deaf and dumb.	Attending certified schools or classes for the deaf ..	3	5	8
		Attending public elementary schools	1	..	1
		At other institutions	..	..	..
		At no school or institution ..	..	1	1
	(ii.) Suitable for training in a school or class for the partially deaf.	Attending certified schools or classes for the deaf ..	..	..	..
		Attending public elementary schools	8	10	18
		At other institutions	..	..	..
		At no school or institution ..	1	..	1

TABLE 11.—Continued.

			Boys.	Girls.	Total.
Mentally Defective.	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending certified schools for mentally defective children	..	..	..
		Attending public elementary schools	22	14	36
		At other institutions	2	..	2
		At no school or institution	10	7	17
	Notified to the Local Control Authority during the year.	Feeble-minded	..	..	..
		Imbeciles	1	1	2
		Idiots	..	..	..
Epileptics.	Suffering from severe epilepsy.	Attending certified schools for epileptics	..	..	..
		In institutions other than certified special schools	..	..	..
		Attending public elementary schools	..	..	..
		At no school or institution	3	3	6
	Suffering from epilepsy which is not severe.	Attending public elementary schools	5	2	7
		At no school or institution	..	1	1
Physically Defective.	Infectious pulmonary and glandular tuberculosis.	At sanatoria or sanatorium schools approved by the Ministry of Health or the Board	4	..	4
		At other institutions	1	..	1
		At no school or institution	22	11	33
	Non-infectious but active pulmonary and glandular tuberculosis.	At sanatoria or sanatorium schools approved by the Ministry of Health or the Board	..	4	4
		At certified residential open air schools	..	..	..
		At certified day open air schools	5	5	10
		At public elementary schools	98	100	198
		At other institutions	3	5	8
		At no school or institution	39	61	100

TABLE 11.—CONTINUED.

			Boys.	Girls.	Total.
PHYSICALLY DEFECTIVE.	Delicate children (*e.g.* pre-or latent tuberculosis, malnutrition, debility, anaemia, etc.)	At certified residential open air schools	..	..	..
		At certified day open-air schools	46	50	96
		At public elementary schools	283	258	541
		At other institutions	3	6	9
		At no school or institution	43	70	113
	Active non-pulmonary tuberculosis.	At sanatoria or hospital schools approved by the Ministry of Health or the Board	1	2	3
		At public elementary schools	11	5	16
		At other institutions	4	1	5
		At no school or institution	10	5	15
	Crippled children (other than those with active tuberculous disease) *e.g.*, children suffering from paralysis, etc. & including those with severe heart disease.	At certified hospital schools	..	..	..
		At certified residential cripple schools	1	1	2
		At certified day cripple schools	..	..	..
		At public elementary schools	59	34	93
		At other institutions	..	..	..
		At no school or institution	17	9	26

TABLE 12.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1925.

GROUP I.—TREATMENT OF MINOR AILMENTS (Excluding Uncleanliness).

ELEMENTARY SCHOOLS.

Disease or Defect.	Number of defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
SKIN—			
Ringworm : Scalp	128	3	131
Body	84	..	84
Scabies	46	1	47
Impetigo	528	1	529
Other skin diseases	636	6	642
MINOR EYE DEFECTS— (External and other, but excluding cases falling in Group II.)	312	2	314
MINOR EAR DEFECTS	199	6	205
MISCELLANEOUS, (*e.g.*, minor injuries, bruises, sores, chilblains, etc.)	274	34	308
TOTAL	2,207	53	2,260

HIGHER SCHOOLS.

One case of ringworm of the body and one other skin disease were treated at the school clinic.

GROUP II.—TREATMENT OF DEFECTIVE VISION AND SQUINT (excluding MINOR EYE DEFECTS TREATED AS MINOR AILMENTS—Group I.)

Disease or Defect.	Number of defects dealt with.							
	Under the Authority's scheme.		Submitted to refraction by private practitioner or at hospital apart from the Authority's scheme.		Otherwise.		Total.	
	El.	Hr.	El.	Hr.	El.	Hr.	El.	Hr.
Errors of Refraction (including squint) ..	541	14	5	2	..	..	546	16
Other defect or disease of the eyes	..	..	..	..	..	..	..	..
Total	541	14	5	2	..	..	546	16

	Elementary.	*Higher.*
Total number of children for whom spectacles were prescribed—		
(*a*) Under the Authority's scheme	494	14
(*b*) Otherwise	5	2
Total number of children who obtained or received spectacles :—		
(*a*) Under the Authority's scheme	398	9
(*b*) Otherwise	5	2

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

	Elementary.	*Higher.*
Number of Children—		
(1) Received operative treatment—		
(*a*) Under the Authority's Scheme, in Clinic or Hospital	129	..
(*b*) By Private Practitioner or Hospital, apart from the Authority's Scheme.....	6	..
(2) Received other forms of treatment....	128	..
Total number treated	263	..

TABLE 12.—Continued.

GROUP IV.—TREATMENT OF DENTAL DEFECTS.

Elementary Schools.

(1) Number of Children who were :—

(*a*) Inspected by the Dentist. —

	Age.	No.		
Routine age-groups	4....	326	Total ..	5,237
	5....	2,309		
	6....	2,169		
	7....	433		
	8....	..		
	9....	..		
	10....	..		
	11....	..		
	12....	..		
	13....	..		
	14....	..		
Specials				714
Grand Total				5,951

	Routine.	*Specials.*
(*b*) Found by Dentist to require treatment	4,207	691
(*c*) Actually treated (by School Dentist)	858	672
(*d*) Re-treated during the year as the result of periodical examination	..	..

(2) Half-days devoted to	(Inspection .. 132		
	(Treatment .. 362	Total ..	494
(3) Attendances made by children for treatment			2,300
(4) Fillings—Permanent teeth 321			
Temporary teeth 2638		Total ..	2,959
(5) Extractions—Permanent teeth 498			
Temporary teeth 4,492		Total ..	4,990
(6) Administration of general anaesthetics for extractions			100
(7) Other operations : Permanent teeth .. 117			
Temporary teeth .. 189		Total ..	306

Higher Schools.

Six children in attendance at a higher school were specially inspected and treated by the School Dentist. These children made 13 attendances at the clinic. The treatment comprised 17 extractions (9 permanent teeth : 8 temporary), 8 fillings (permanent teeth), and 1 scaling (permanent).

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

	1st Survey.	*2nd Survey.*
(i.) Average number of visits per school made during the year by the School Nurses	3	3
(ii.) Total number of examinations of children in the schools by School Nurses :		
(*a*) Children examined	14,281	9,578
(*b*) Examinations made	16,229	11,400
(iii.) No. of individual children found unclean	1,166	1,341
(iv.) No. of children cleansed under arrangements made by the Local Education Authority	..	..
(v.) Number of cases in which legal proceedings were taken :—		
(*a*) Under the Education Act, 1921	..	..
(*b*) Under the School Attendance Byelaws	..	..

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply :

The water is supplied by the Sunderland and South Shields Water Company, and is pumped from deep wells in various parts of County Durham. It is a constant supply, and sufficient in quantity and quality although rather hard. The average of 30 samples analysed during the past four years is as under :

	Grains per gal.	*Parts per* 100,000.
Total hardness	26.2	37.4
Permanent hardness	9.9	14.1
Temporary hardness	16.3	23.3
Chlorine as chlorides	3.661	5.230

The total hardness varied from 24.1 to 53.1 parts per 100,000 ; the permanent hardness from 9.4 to 17.6 parts per 100,000, and the chlorine content from 2.130 to 12.920.

The Water Company got parliamentary powers in 1921 for obtaining a new supply of soft water from gathering grounds in North-West Durham, and the engineering work in connection with this source of supply is proceeding.

Drainage and Sewerage :

The sewerage of the Borough discharges into the River Tyne. The system is being enlarged to accommodate the area added to the Borough in 1921, and improvements are being made to the existing system.

Closet Accommodation :

The Council have undertaken a scheme for the conversion of the old conservancy system to a water carriage system, partly as a scheme for the unemployed. During 1925 there were 1,999 conversions ; the total number of conversions since the scheme was inaugurated three years ago amounts to 4,273. At the end of 1925 there were 11,750 dry privies in the Borough. It is intended to proceed with the conversion of another 2,000 privies. There is a moveable ashbin provided in connection with each new water closet.

Scavenging.:

Except for the added area, which is scavenged by contractor, the work of refuse removal in the Borough is carried out by the Corporation. The house refuse and contents of privies is collected —mostly at night—in covered carts, and the greater proportion is discharged into a hopper barge and conveyed at least three miles out to sea. Some of the refuse is sent to farmers in the vicinity when stormy weather prevents the use of the barge, but occasional small dumps have been made in the town and locality. There is no refuse destructor, apart from a small plant for the disposal of paper, etc.

Sanitary Inspection of the Area :

A summary of the work of the Sanitary Inspectors will be found on pages 102 to 104.

Offensive Trades :

There were 4 new applications for fish friers' premises during the year. In two cases the applications were allowed. In the other two it was considered that there were already enough of these shops to meet the needs of the immediate vicinity, and they were refused on the grounds of redundancy.

The following is a statement of the character and number of the offensive trades that were in existence at the end of the year :

Fish friers	83
Tripe boilers	4
Gut scrapers	2
Tallow melter	1
Rag and bone dealers	5

The number of visits paid to these premises by the Sanitary Inspectors and the Food Inspector, and the defects dealt with are recorded on pages 102 and 111.

Lodging Houses :

The following is a statement of the lodging houses in the Borough. They are regularly visited by the Sanitary Inspectors and on the whole are kept in a sanitary condition.

	Common.	*Seamen.*
No. on register	13	42
No. of Licensed Rooms	105	154
Accommodation (Lodgers)	622	532

Visits :—		
By Police	605	2,016
By Sanitary Inspectors	63	149
Notices	0	0

Eleven of the common lodging house licences are renewable annually.

Stables :

The stables in the town are regularly inspected to see that the byelaw which compels the removal of manure at least once in seven days is adhered to. This byelaw is rigidly enforced to prevent as far as possible the nuisance and ill-health caused by flies. From this point of view allotment gardens are also frequently inspected.

Theatres :

There are 16 theatres, music halls and cinemas. Six are licenced for plays or variety entertainment ; the remainder are picture theatres only. They are regularly inspected, and there are very few instances in which the management have to be reminded as to the condition of the sanitary arrangements.

Factories, Workshops, etc.

Visits.

The Inspectors paid 1,003 visits during the year. Written notices were sent in 7 cases. There were no prosecutions. The details are as follows :—

1. Factories (including Factory Laundries).
   Inspections, 84 ; Notices, 4.
2. Workshops (including Workshop Laundries).
   Inspections, 560 ; Notices, 1.
3. Workplaces (other than Outworkers' Premises).
   Inspections, 359 ; Notices, 2.

Defects Found.

The defects and nuisances found are summarised below :—

Particulars of Defect.	Number of Defects.			
	Found.	Remedied.	Receiving attention.	Referred to H.M. Inspector.
*Nuisances under the Public Health Acts.**				
Want of cleanliness	7	7	..	..
Want of ventilation	..	..	..	..
Overcrowding	..	..	..	..
Want of drainage of floors ..	..	..	..	..
Other nuisances	3	3	..	..
Sanitary accommodation—				
Insufficient	3	..	3	..
Unsuitable or defective ..	5	4	1	..
Not separate for sexes ..	..	..	..	..
Offences under Factory and Workshop Act :				
Illegal occupation of underground bakehouse (s. 101)	..	..	..	..
Breach of special sanitary requirements for bakehouses (s. 97 to 100)	1	1	..	..
Other offences (excluding offences relating to Outwork)	..	..	..	..
Total	19	15	4	..

*Including those specified in sections 2, 3, 7, and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

REGISTERED WORKSHOPS.

The number of workshops on the Register at the end of the year was 318. The principal trades are :—

Dressmakers, Tailors, Milliners, etc.....	94
Boot Repairers	23
Bakers	65
Joiners, Upholsterers, etc.....	42
Smiths	10

OUTWORK.

Only one employer sent in a list of Outworkers, in February and August, as provided by the Order. This contained only one name (a contractor) employed in the making of wearing apparel.

One outworker was also notified to me from a neighbouring Borough.

Inspection under the Shops Acts :

During the year a closing order for the trades of Draper, Milliner, etc., was made by the Town Council, and subsequently confirmed by the Home Office.

The ten local orders now in force in the Borough are set out on page 41.

The following is a summary of the work of the Shops Inspector during the past year :—

Number of shops on the Register at 31st December, 1925 .. (In about 45 per cent. of these shops assistants are employed).	2,659
Number of visits paid to shops by the Inspector (including stalls in Market Place and stalls and cafes on North and South Beach)	6,079
Interviews and appointments	356
Complaints received and investigated	109
Infringements of the Shops Acts and Orders—	
Assistants employed about the business of the shop on their weekly half-poliday	..
Prescribed forms as to assistants' half-holiday not exhibited	39
Prescribed forms not kept up-to-date	48
Assistants not having proper mealhours	1
Young persons working excessive hours	..
Non-observance of weekly half-holiday	6
No weekly half-holiday notices exhibited	20
Selling non-perishable goods on closing day	..
Infringements of Early Closing Acts, 1920 and 1921	16
,, Butchers' Closing Order	1
,, Drapers' Closing Order	7
Total	138

All the above-mentioned infringements were first offences. In each case the person concerned was cautioned by the Shops Inspector and reported to the Health Committee.

Five persons were proceeded against under the Early Closing Acts, 1920 and 1921 ; 3 grocers holding off-beer licenses, for selling groceries after the hours set out in the Acts, were each fined 2s. 6d., and two other tradesmen (a fruiterer and a confectioner) were each fined 10s. 0d. The other 11 offenders against the Early Closing Act had kept their shops open on the Thursday before Good Friday beyond the hours allowed, under the impression that the closing hour was the same as on Saturday nights. They immediately shut their premises on being spoken to by the Inspector, and no further action was taken by the Town Council.

One butcher was fined 20s. 0d. for an infringement of the Butchers' Closing Order.

TABLE 13.—SUMMARY OF VISITS AND INSPECTIONS PAID BY SANITARY INSPECTORS.

Nature of Visit.	W. Clark	R. W. Weir.	R. Ayre.	W. Hill.	Totals
General district inspection (including housing inspection and inspection of underground rooms)	3,370	3,586	4,172	3,991	15,119
Inspection of repairs to property	641	167	614	121	1,543
Interviews and appointments	..	386	..	62	144
Investigation of complaints of nuisances	137	99	204	226	666
Testing drains	13	2	3	2	20
Smoke observations	2	..	..	..	2
Exhumations	1	..	..	..	1
Special Inspections—					
Re Rent Act certificates	1	1	16	2	20
Seamen's lodging houses	..	106	8	35	149
Common lodging houses	..	10	37	16	63
Van dwellings, etc.	5	1	..	1	7
Picture halls	33	20	2	1	56
Bakehouses	2	..	6	10	18
Fried fish shops	88	1	50	12	151
Ice cream shops	1	..	6	..	7
Other factories	58	11	..	3	72
Other workshops	11	19	140	15	185
Home workers' premises	2	..	..	1	3
Stables and allotments	236	..	99	1	336
Refuse tips	..	22	..	..	22
Re rat repression	14	..	6	2	22
Schools	..	..	2	..	2
Beach	..	..	6	..	6
Re conversions to water carriage system	1,330	103	443	1,763	3,639
Other visits	4	546	..	1	551
Taking samples with Food Inspector	142	..	..	..	142
Visits re cases of infectious disease : on notification of cases : or on disinfection of premises	201	374	152	203	930
Re cases of tuberculosis	30	24	31	88	173
Re contacts of smallpox	74	17	65	26	182
Total visits	6,396	5,495	6,062	6,582	24,535

TABLE 14.—SUMMARY OF NOTICES ISSUED BY SANITARY INSPECTORS.

	W. Clark	R. W. Weir.	R. Ayre.	W. Hill.	Totals
Preliminary Notices were served on 229 *Property Owners for—*					
(A) Houses not kept in all respects reasonably fit for habitation ..	22	22	37	32	113
(B) Nuisances caused by—					
Drains, defective or choked.....	1	7	16	16	40
W.C.'s defective	1	3	4	2	10
Ashbin accommodation insufficient	..	..	..	1	1
Privy accommodation insufficient	..	..	1	..	1
Scullery sinks, insanitary or defective	4	6	2	3	15
Underground rainwater cistern, foul	1	1	1	2	5
Water supply, none for house....	..	..	2	2	4
Drain, absence of proper	1	..	..	..	1
Yard paving defective	3	..	2	2	7
Minor defects.....	13	31	9	9	62
Preliminary Notices were served on 120 *Tenants for—*					
Dwellings overcrowded	1	..	1	2	4
Rooms dirty	..	..	5	5	10
Filthy yard, privy, etc.....	..	1	2	8	11
Privy overflowing.....	..	1	3	..	4
Drains and w.c. choked	1	..	15	10	26
Animals causing nuisance	..	..	3	1	4
Manure and refuse accumulations	..	3	2	5	10
Depositing slop water on street ..	1	..	..	1	2
Dirty workshop.....	..	..	..	1	1
Effluvia from fried fish shop	..	..	1	1	2
Statutory Notices : On Owners—					
Under Public Health Acts*.....	8	2	2	..	12
Under Section 3, Housing Act, 1925.....	..	1	..	..	1
Statutory Notices : On Occupiers—					
Under Public Health Act, 1875 ..	..	..	..	..	..

* Exclusive of notices served by Town Clerk for privy conversions.

TABLE 15.—STRUCTURAL IMPROVEMENTS EFFECTED.

Nature of Work.	W. Clark	R. W. Weir	R. Ayre	W. Hill	Totals
Houses: generally improved	36	52	17	117	222
demolished	.....	.....	2	.....	2
School: sanitation modernised	.....	.....	1	.....	1
Public Houses: additional sanitary accommodation provided for women	.....	.....	4	.....	4
Workshops: repairs to walls, etc.	.....	2	.....	1	3
additional sanitary accommodation provided	.....	.....	2	.....	2
Fried Fish Shop: steamless oven installed	.....	.....	2	.....	2
Drains: abolished	2	.....	.....	.....	2
provided	5	2	.....	4	11
relaid	3	5	5	13	26
repaired	7	1	13	20	41
chambers, gullies, traps, etc., provided or renewed	10	19	.....	13	42
Yards and Areas: relaid	.....	2	1	1	4
repaired	8	4	.....	3	15
Ashpit: abolished	.....	.....	.....	1	1
Privy Receptacles: newly provided	.....	.....	.....	.....	.....
provided in place of privy midden	1	.....	.....	.....	1
abolished (see below)	.....	.....	.....	.....	.....
rebuilt or repaired	26	25	2	4	57
W.C.'s: newly provided (complete)	4	7	.....	9	20
provided in place of—					
privy receptacles (6)	.....	1	5	.....	6*
privy middens (2)	1	.....	.....	.....	1
basins, cisterns, etc., replaced or repaired	.....	6	.....	20	26
Dustbins: provided (fixed, portable 20)	.....	2	5	13	20*
Urinals: reconstructed or repaired	.....	1	.....	1	2
Washups: of metal, replaced by stoneware	1	1	.....	6	8
newly provided (complete)	.....	.....	.....	2	2
traps, wastepipes, etc., provided or repaired	4	7	.....	7	18
Rainwater Cisterns (underground)					
filled in	.....	3	.....	1	4
cleaned out	2	.....	.....	.....	2
abolished (overhead)	.....	.....	.....	1	1
Wash-houses: rebuilt or repaired	7	9	.....	5	21
floors relaid or repaired	2	2	.....	5	9
Outbuildings: rebuilt or repaired	15	20	.....	28	63
Stables: manure stead rebuilt	.....	.....	.....	1	1
drains repaired	.....	1	.....	.....	1
floors cemented	.....	.....	2	.....	2

* Exclusive of 1,999 under the Council's Conversion Scheme.

GENERAL HOUSING CONDITIONS IN THE AREA.

Housing conditions in South Shields, particularly in the older parts of the town are far from good. There is still a lamentably great shortage, in spite of the fact that during the past five years 1,183 new houses have been built.

Year.	Houses erected.				
	By Private Enterprise.		With State Assistance under Housing Acts.		Total.
	Self-contained.	Flats.	By Local Authority.	Others.	
1921.....	5	..	30	4	39
1922.....	14	4	333	..	351
1923.....	38	9	237	..	284
1924.....	26	9	132	58	225
1925.....	34	8	158	84	284
Total	117	30	890	146	1,183

The Council have given a great amount of attention to the problem and have built, under their housing scheme, 890 houses on the Cleadon Park Estate, and will no doubt proceed with the erection of the remaining 470, to complete the total number of houses for which there is room on the estate.

But, in order that the working classes may be accommodated under reasonable conditions, many more houses must be built. In 1919, when the last housing survey was made, it was estimated that no less than 4,236 new houses would be required. The estimated population at that time was 111,502, and the total number of houses built during the last five years was 1,183, leaving 2,053 yet to be provided. But, apart from the added area, as the population has increased by about 11,000 since the Census, it follows that the number of houses still required is in the region of 5,000, and that for immediate needs, without allowing for those required to meet any anticipated increase in the population.

Overcrowding.

From the preceding paragraph it will be. seen that there is a great amount of overcrowding in the Borough. The average number of persons per room according to the last census was 1.4, and taking a definition of " overcrowding " adopted by the Registrar-General (viz., a ratio of more than 2 persons per room) there were 6,563 families (25 per cent. of the total families)

which were so overcrowded in South Shields at the time of the last census, and a total population of 41,627 (36 per cent.) living in such overcrowded dwellings. The number of persons per acre was 48.6. Numerous instances could be quoted of dwellings in which there are 8 or 9 persons living in one room, and where there are houses originally built for one family now occupied by several. One was brought to my notice recently. A house of seven rooms, originally built for one family, has been sub-let to four tenants, and the landlady occupies one back bedroom, the rental obtained amounts to nearly £90 a year. There is much dilapidation which has been the subject of action.

Apart from the shortage of houses, one of the main causes of overcrowding is sub-letting, an evil which, it is hoped, will cease as soon as houses can be provided to meet the needs of the people. No doubt the sub-let house or room at the moment meets the needs of those who cannot obtain houses or who cannot afford to pay the rent of a house for themselves, but in the case I have just instanced the rent of the house would have been about £29 (the rateable value at present being £16) the owner, besides living rent free, makes a handsome profit. At the moment, on account of the shortage, sub-letting is inevitable, but it is probably carried on as much through avarice as necessity.

Fitness of Houses.

From Table 14 on page 103 it will be noted the type of defect on account of which action is taken. On the whole, it is not difficult to persuade owners to remedy the defect. The greatest difficulty is the type of house which is incapable of repair and which at best can only be patched up ; and unfortunately there are many such in the Borough. While many owners are not blameless in regard to the condition of their property, there are many tenants who by their own carelessness or default certainly do contribute towards the dilapidations. At the same time the trade depression through which we have passed during the last few years has, both from the point of view of the owner and tenant, accentuated the problem.

Tables 14 and 15 give details of action taken with regard to housing under the Public Health Acts and the Housing Acts.

Unhealthy Areas.

As detailed in former reports, there are five " unhealthy areas " in the Borough. They have been scheduled since 1919, but so far no action has been taken for their reconstruction. They are mainly adjacent to the river front, and in all but one area might quite well be cleared to allow of extensions of works near the river.

The difficulty is to find houses for those who would be dehoused—they in most cases work on the river and must live near their work, and it would be useless to suggest that they should live in a more distant part of the town. Another difficulty is that should houses be built on the cleared sites, there would be insufficient room for all the houses required if the people were to have a decent standard as far as housing is concerned unless blocks of flats, three or four storeys high, were built.

To illustrate the difficulty in slum clearance : there were two houses which had become so dangerous that it was necessary for the owner to obtain ejectment orders so that the houses could be demolished. The families removed to other houses which were already occupied and caused serious overcrowding in their new conditions as set out in the subjoined table :—

Old Conditions.			New Conditions.		
Families.	Persons.	Rooms.	Families.	Persons.	Rooms.
1	4	1	2	7	2
1	1	1	2	5	2
1	1	1	..	..	..
1	3	3	2	6	2
1	9	2	2	13	2
1	9	2	2	15	2

Under the Increase of Rent, etc., Acts there were 18 applications received for certificates; of these 16 were granted.

The following is a summary of the housing statistics for the year.

SUMMARY.

Number of NEW HOUSES erected during the year :—

	Self Contained Houses.	Houses of Flats.	Total Houses.
(1) With State Assistance under the Housing Acts—			
(*a*) By the Local Authority	158	Nil.	158
(*b*) By other bodies or persons ..	84	Nil.	84
(2) Without State Assistance	34	8	42
Total	276	8	284

1.—Unfit Dwelling Houses.

INSPECTION—

The four Sanitary Inspectors made about 20,000 inspections of dwelling houses, but many were duplicate visits to the same house.

(1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts). (See note above).

(2) Number of dwelling houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910, or the Housing Consolidated Regulations, 1925 119

(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation 215

(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation 240

2.—Remedy of Defects without Service of Formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers 236*

* Drainage defects and external nuisances excluded.

3.—Action under Statutory Powers.

A. *Proceedings under Section 3 of the Housing Act, 1925—*

(1) Number of dwelling houses in respect of which notices were served requiring repairs 1

(2) Number of dwelling houses which were rendered fit—

(*a*) by owners 1

(*b*) by Local Authority in default of owners .... ..

(3) Number of dwellinghouses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close..... ..

B. *Proceedings under Public Health Acts—*

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	17
(2) Number of dwelling-houses in which defects were remedied—	
(*a*) by owners	15
(*b*) by Local Authority in default of owners	..

C. *Proceedings under Sections* 11, 14, *and* 15 *of the Housing Act*, 1925—

(1) Number of dwelling-houses in respect of which representations were made with a view to the making of Closing Orders	1
(2) Number of dwelling houses in respect of which Closing Orders were made	..
(3) Number of dwelling houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	..
(4) Number of dwelling houses in respect of which Demolition Orders were made	..
(5) Number of dwelling houses demolished in pursuance of Demolition Orders	2

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply :

Most of the milk sold comes from places outside the Borough, principally Northumberland, Cumberland and Scotland. There are, however, 11 farms in the area, with a total of 100 cows. The farms are regularly inspected, and on the whole they are well kept.

No action was taken as to tuberculous milk and tuberculous cattle, nor were there any licences granted or revoked for the sale of milk under special designations, classified as in the Fourth Schedule to the Milk (Special Designations) Order, 1923. No samples of milk were submitted to bacteriological examination during the year.

Meat Inspection.

There are no private slaughterhouses in the Borough. All slaughtering in the way of trade must be done at the Public Abattoir, except with the consent of the Corporation. Such permission is occasionally given to members of the Arab community.

The abattoir was erected in 1906, and is in charge of a resident superintendent, who is also inspector under the Sale of Food and Drugs Acts.

The following table gives the number of animals slaughtered during the last eight years :—

	1918	1919	1920	1921	1922	1923	1924	1925
Beasts	4,760	3,858	3,348	3,394	2,988	2,940	2,699	2,834
Calves	35	357	193	203	189	413	192	360
Pigs ..	1,725	2,043	4,184	5,406	4,989	4,569	6,659	5,210
Sheep	23,812	16,911	19,985	32,996	27,901	19,197	16,246	18,241
Total	30,332	23,169	27,710	41,999	36,067	27,119	25,796	26,645

Visits of Inspection to Premises.

The following is a summary of the visits paid by the Food Inspector to the various premises under his supervision :—

	No. of Premises at end of year.	*No. of Visits.*
‡Butchers' shops	163	1,820
Pork butchers' shops	18	
Fried fish shops	19	679
Fried fish shops	83	139
Fish curing places	5	11
§Milkshops and dairies	296	524
†Ice cream shops	72	62
Cowsheds	11	61
Bakehouses	65	124
Tallow boiling places	1	1
*Triperies	4	113
*Gut scraping places	2	35
Other premises and shops	..	1,757

* Inclusive of two tripe preparers and two gut-scrapers who use premises set apart at the public Abattoir.

† Number varies considerably—does not include stalls on beach in summer.

‡ Includes stalls in Market Place (average 18).

§ Includes 82 milk shops registered for the sale of bottled milk only.

These premises are also visited by the Sanitary and Shops Inspectors.

Food Condemned and Destroyed:

The following are particulars of the food condemned and destroyed during the year—

At the Abattoir:

Beasts: 8 carcases of cows (tuberculosis).
1 carcase of a heifer (tuberculosis).
4 sets of lungs and livers (tuberculosis).
8 sets of lungs (tuberculosis, 2; inflammation, 4; congestion, 2).
1 head (abscesses).

Sheep: 3 carcases (found dead).

Pigs: 10 carcases (found dead, 9; tuberculosis, 1).
1 head (injury).

(In all, 15 beasts and 1 pig were condemned, in whole or in part, on account of tuberculosis).

Outside the Abattoir :

The whole of the undermentioned foodstuffs were condemned on account of decomposition or unsoundness, except where otherwise stated—

Beasts :	206	lbs. beef* (bone taint).
	112	lbs. beef.*
	37	lbs. ox tails.*
	3	livers.*
Sheep :	5	carcases.*
	3	sides.*
	6	doz. kidneys.*
	75	lbs. mutton.*
Calf :	1	neck veal.
Pigs :	4	cwt. cask pigs maws.*
	10	pigs heads.*
Fish :	10	st. filleted cod·
	4	st. prawns.
	2	st. mussels.
	20	crabs.
Vegetables :	2	st. garden peas.

Tinned Goods, etc. : Beef (48 tins) ; Pork (16) ; Tongue (31) ; Chicken, (15) ; Salmon, (8) ; Brislings, (3) ; Beans, (1); Pears, (1) ; Apricots, (1) ; Pineapple, (13) ; Tomatoes, (34) ; Tomato Sauce (10) ; Sauce, (2) ; Ketchup, (2) ; Salad, (6) ; Lemon Curd, (2) ; Quaker Oats, (2) ; Condensed Milk, (684).

* Imported.

Sale of Food and Drugs Acts.

The number of samples taken during the year and submitted to the Borough Analyst was 155, of which number 23 were taken informally. The following are particulars of the samples, results of analyses, and of the action taken in certain cases.

All the samples of cream, butter, milk, margarine, and chicken and ham paste were examined for preservatives, with the results as detailed below.

Milk :

29 samples of milk were taken (including 2 samples of dried milk and 1 of evaporated milk), 6 of which were informal samples.

27 were genuine.

2 were deficient as under :—

5 per cent. in milk fat—Letter of caution sent.

16.6 ,, ,, Proceedings taken : fined £2.

The percentage composition of the two samples of dried milk was respectively as under :—

	No. 1.	No. 2.
Fat	25.85	26.50
Proteids	23.35	24.12
Milk sugar	38.98	36.92
Salts	5.68	5.50
Moisture	6.14	6.96

CREAM :

2 informal samples of preserved cream were taken, and are referred to on page 115.

MARGARINE :

14 samples were taken. Eleven contained boric acid in the under-mentioned proportion :—

0.12 per cent., 0.13 per cent., 0.14 per cent (2 samples), 0.16 per cent., 0.22 per cent., 0.27 per cent., 0.34 per cent., 0.38 per cent., 0.40 per cent., 0.42 per cent. No action taken.

COFFEE :

1 sample taken. It contained 32.2 per cent. chicory. Letter of caution sent.

MUSTARD :

8 samples were taken. One contained 5 per cent. wheaten starch, and another 10 per cent. A letter of caution was sent in the first named case ; no action was taken in regard to the latter.

SUET :

1 sample of packet suet was taken (informally). It contained 20 per cent. of ground rice. No action taken.

JAM :

1 sample was taken. The Analyst reported that whilst it was genuine, it was of exceedingly poor quality, and in his opinion was diluted, having probably been made with a great excess of water, and on the whole was a very undesirable specimen of jam. A letter of caution was sent to the seller of the sample.

LEMON CHEESE :

1 sample taken (informally). It contained proteins and fat equivalent to about 10 per cent. of egg.

Cinnamon :

1 sample taken. The Analyst reported it "remarkably free from sand."

Magnesia :

2 samples were taken (informally). The Analyst reported that one of the samples consisted of about two-thirds magnesium carbonate, and one-third calcined magnesia and that strictly only calcined magnesia should be labelled "magnesia," but that it is becoming customary to sell carbonate of magnesia under that name. Though the practice was undesirable, he did not think a prosetion would be likely to succeed. A letter of caution was sent.

Aspirin :

1 sample was taken (informally). It was not quite pure, and contained a small amount of free salicylic acid. A letter of caution was sent.

"Teething Powder" :

1 sample was taken (informally). It consisted essentially of calcium carbonate (precipitated chalk) with a little sweetening and flavouring which was considered to be sugar and liquorice respectively.

Other Substances :

93 samples of the following substances were taken, all of which were genuine :—Baking powder, 6 ; Barley, 2 ; Barley and Peas mixed, 1 (informal sample) ; Butter, 15 ; Camphorated Oil, 1 ; Cassia, 1 ; Cheese, 1 ; Chicken and Ham Paste, 1 (informal sample) ; Cod Liver Oil, 1 ; Cough Mixture, 1 ; Custard Powder, 2 ; Currants, 2 ; Epsom Salts, 1 (informal sample) ; Flour, 1 ; Ground Ginger, 1 ; Ground Rice, 5 ; Lard, 9 ; Liquorice Powder, 1 (informal sample) ; Mace, 1 ; Oatmeal, 4 ; Oats, 1 ; Pepper, 8 ; Pickles, 1 (informal sample) ; Relish, 1 (informal sample) ; Sauce, 1 (informal sample); Soda Bicarb, 2 (1 informal sample) ; Sugar, 3 ; Sweets, 5 ; Syrup of Figs, 1 ; Table Jelly, 2 ; Tapioca, 4 ; Tea, 3 (1 informal sample) ; Vinegar, 4.

Milk and Cream Regulations, 1912 and 1917,

All the samples of milk (29) taken for the purpose of chemical examination under the Sale of Food and Drugs Acts were examined for the presence of preservatives. None contained preservatives.

The following is a statement in detail of the samples of milk and cream taken during the past year :—

1. Milk ; and Cream not sold as Preserved Cream :

	Number of Samples examined for the presence of a preservative.	Number in which a preservative was reported to be present and the percentage of preservative found in each sample.
Milk	29	Nil.
Cream ..	Nil.	Nil.

2. Cream sold as preserved cream :—

(*a*) Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to the preservatives were correct.

(i.) Correct statements made 2

(ii.) Statements incorrect ..... Nil.

(iii.)	Percentage of preservative found in each sample.	Percentage sated on statutory label.
	0.16 per cent. boric acid	Not exceeding 0.4
	0.16 „ „	per cent. boric acid

(*b*) Determinations made of milk fat in cream sold as preserved cream.

(i.) Above 35 per cent. 2

(ii.) Below 35 per cent. ..... —

(*c*) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V. (1) and the proviso in Article V. (2) of the Regulations have not been observed Nil.

(*d*) Particulars of each case in which the Regulations have not been complied with, and action taken.. Nil.

3. Thickening substances. Any evidence of their addition to cream or to preserved cream— Action taken where found ..... Nil.

4. Other observations, if any ..... Nil.

TABLE 16.—SUMMARY OF METEOROLOGICAL OBSERVATIONS, 1925, taken at 9 a.m. daily at the Bents Park and Health Department, South Shields.

Month.	Barometer (corrected for elevation, temperature, etc.)	Air Temperature.							Hygrometer.			Earth Temperature.		Rainfall. (in inches).				Wind.								
		Average.			Absolute.													Direction at 9 a.m. Number of Days.								
		Maximum.	Minimum.	Mean.	Maximum.	Date.	Minimum.	Date.	Dry Bulb.	Wet Bulb.	Relative Humidity.	At 1 Foot Depth.	At 4 Feet Depth.	Total Fall.	No. of days rain fell .01" or more.	Most in a day. Amount.	Most in a day. Date.	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm.
January	30.038	46.0	36.3	41.0	54.0	17	30.0	12	40.7	39.2	87	39.0	42.5	1.58	12	.85	3	..	1	1	2	4	11	9	3	..
February ..	29.470	45.8	36.1	40.8	55.2	8	32.0	21	40.4	38.5	83	38.8	41.6	2.77	19	.50	11	2	1	4	..	8	5	6	2	..
March	30.100	47.0	36.7	42.2	54.8	18	28.2	9	42.7	39.6	74	40.4	41.9	1.77	14	.22	31	7	6	..	..	..	1	9	8	..
April	29.772	49.5	38.8	44.5	55.9	17	30.0	3	45.2	42.0	75	44.5	44.3	2.38	19	.44	5	7	2	..	..	6	4	7	3	1
May	29.719	55.5	45.3	50.7	61.6	16	40.0	21	51.4	48.4	79	51.9	49.5	2.51	24	.62	24	1	1	..	..	..	19	9	..	1
June	30.106	60.9	47.9	54.8	76.4	10	42.0	2	55.6	51.5	75	57.5	54.8	0.24	5	.15	19	12	5	1	3	..	2	6	..	1
July	29.891	66.8	53.6	60.6	83.0	14	43.4	27	61.5	57.0	75	62.4	58.6	1.94	13	.65	25	7	1	2	4	2	3	6	5	1
August	29.898	64.7	51.6	58.7	72.2	8	45.0	26	59.8	55.9	77	60.5	59.7	3.01	19	.67	21	3	4	2	2	3	8	7	2	..
September	29.869	57.8	45.8	52.1	64.2	29	39.8	25	52.6	48.9	75	53.7	56.4	3.25	19	.86	19	7	..	..	..	1	6	10	5	1
October ..	29.821	55.9	44.3	50.2	68.4	5	34.0	14	50.3	47.6	81	49.6	52.7	1.51	18	.36	20	4	1	2	..	3	8	11	2	..
November..	29.947	44.0	34.5	38.8	55.9	2	25.8	15	37.9	36·3	85	40.2	46.7	2.37	18	.32	3	2	1	1	2	..	4	12	5	3
December	29.670	41.7	32.4	37.0	54.2	29	21.4	6	37.0	35.4	85	35.2	40.0	3.99	20	.61	18	2	2	..	1	2	7	13	4	..
Averages..	29.859	53.0	41.9	47.6	..	..	..	..	47.9	45.0	78	47.8	49.1	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	..	..	..	..	..	..	..	..	..	..	..	..	..	27.23	200	..	..	54	25	13	14	29	78	105	39	8

The relative humidity has been calculated from the Hygrometric Tables published by the Meteorological Office in October, 1924.